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Resolutions • Presidential Addresses

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July 1998 • Vol. 98, No. 7 Award-Winning Journal of the Michigan State Medical Society





1998 MSMS House of Delegates

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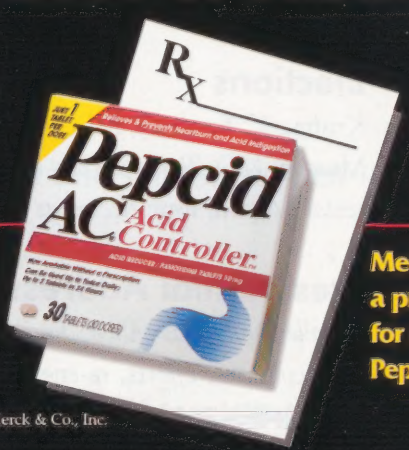
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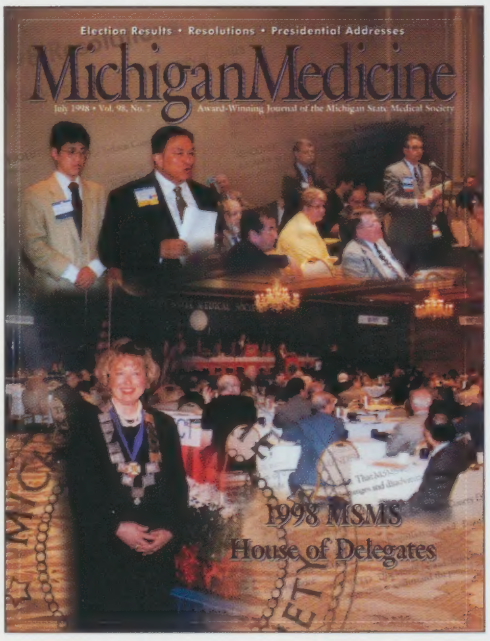
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JVMC-039 2/98

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



MSMS delegates considered 115 resolutions, elected new officers and learned from guest speakers at the 1998 MSMS House of Delegates, May 1-3, at the Ritz Carlton in Dearborn. This year, delegates, through the adoption of an action report, created three slotted seats for a young physician, a resident, and a student as voting members on the MSMS Board of Directors. Other issues that drew much interest and debate at the meeting revolved around the issue of assisted suicide and proposed revisions in MSMS governance.

Cover design by Kim Kauffman

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Opening of the House of Delegates 8

Speaker Dorothy M. Kahkonen, MD, and Vice Speaker Paul O. Farr, MD, presided.

1998 Resolutions 14

The delegates considered 115 resolutions, covering topics ranging from documentation guidelines to physician collective bargaining.

Elections 34

Krishna K. Sawhney, MD, Farmington Hills surgeon, was elected MSMS president-elect. Kenneth H. Musson, MD, Traverse City ophthalmologist and John M. MacKeigan, MD, Grand Rapids colon and rectal surgeon, were elected as chair and vice chair of the MSMS Board of Directors.

Presidential Addresses 36

Installed May 2 as MSMS president, Cathy O. Blight, MD, Flint pathologist, urged members to expand their collective efforts, re-energize themselves, and enlist the assistance of non-participating members. Peter A. Duhamel, MD, outgoing president, reflected on his year in office.

July 1998 Volume 97, Number 7

MSMS Website Address: http://www.msms.org/

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MSMS Member Services Hotline: 800-914-6767

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Doctors Kahkonen and Farr reported what has happened with the 118 resolutions handled by the 1997 MSMS House of Delegates.

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Michigan Physicians who have maintained active membership for twenty-five years in American Medical Association constituent societies.

Chair's Report 56

Doctor Sawhney summarized MSMS activities of the past year, and introduced reports stemming from 1997 resolutions referred to the Board.

Awards 64

Doctor Duhamel bestowed the MSMS Presidential Citation to Howard A. Brody, MD, PhD. Other awards went to presidents of national medical specialties, to the physician best exemplifying the ideals of the rural family doctor, and to MSMS members who graduated from medical school 50 years ago.

Delegates' Attendance Record 68

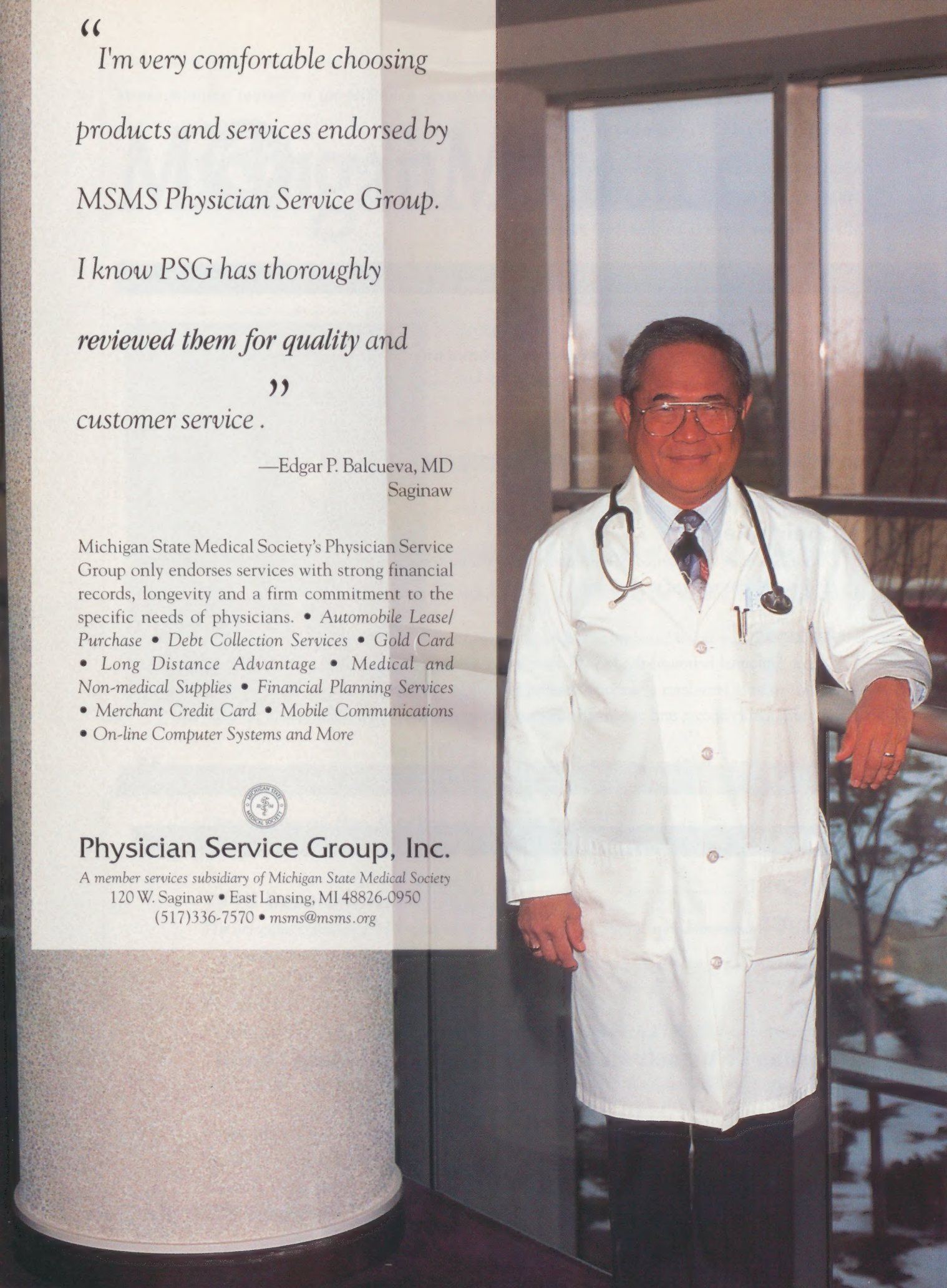
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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
Member Services Hotline 800-914-6767
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Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

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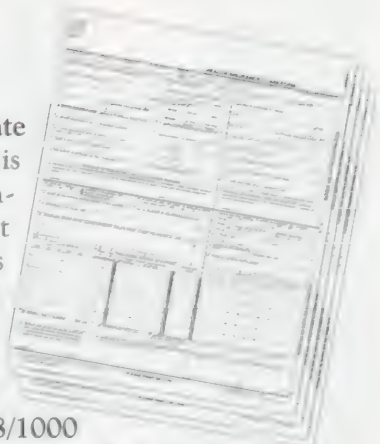
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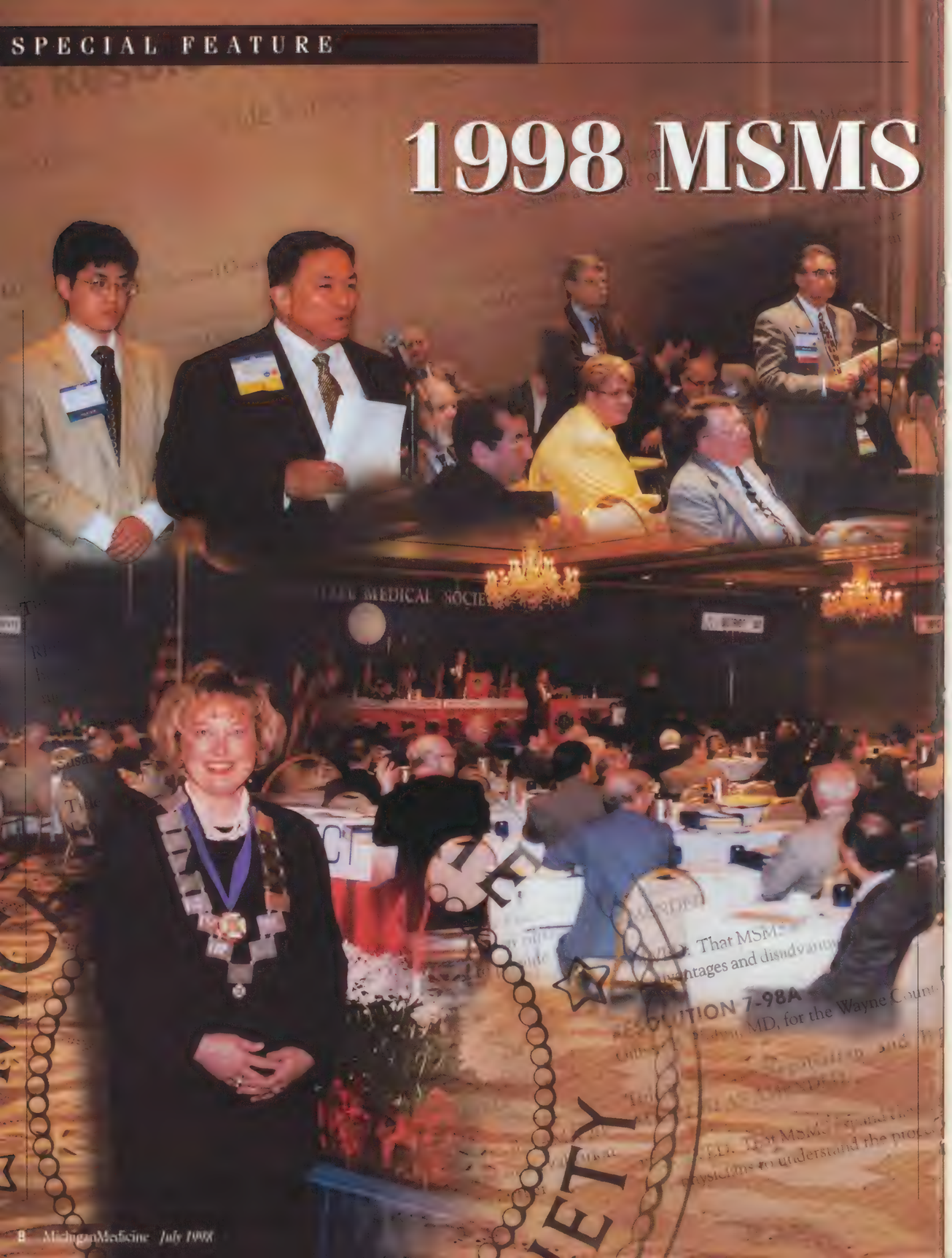
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1998 MSMS House of Delegates



Delegates at the 1998 MSMS House of Delegates on May 1-3 deliberated and voted on 115 resolutions. Several topics solicited a great deal of discussion. Once again, the topic of physician-assisted suicide was on the agenda. This year, the reference committee heard unmistakably from physicians that they want their medical society to be proactive in its stance that physician-assisted suicide is fundamentally incompatible with the physician's role as healer.

Other issues that drew many physicians to testify at the microphones revolved around proposed revisions in MSMS structure and governance. Resolutions and board reports on those topics sought ways to broaden and diversify membership on the MSMS Board, House, and AMA Delegation. A dues increase–the first in eight years–also was approved by the House of Delegates.

Throughout the following pages, you will find complete details on the developments at the 133rd annual meeting. For more background, see MSMSNET at http://www.msms.org.

Report of the 1998 MSMS House of Delegates

Speaker Dorothy M. Kahkonen, MD and Vice-Speaker Paul O. Farr, MD, presided over the 133rd Annual Session of the House of Delegates of the Michigan State Medical Society which convened at 7:30 p.m. Friday, May 1, 1998 at the Ritz-Carlton, Dearborn.

Invocation
The Speaker called upon the Reverend Richard J. Knaus to give the invocation.

Report of the Committee on Credentials and Tellers
Chair Marc E. Lame, MD, reported a quorum seated, the majority of whom were not from any one county.

Report of the Committee on Rules and Order of Business
Chair Thomas C. Payne, MD, reported the actions of the Rules and Order of Business as follows:
Order of Business: The Committee on Rules and Order of Business approved the Order of Business for the 1998 Annual Session as printed in the Delegate's Handbook.
Late Resolutions: Six late resolutions were presented to the Committee. The following were accepted for introduction:

Resolution 112-98A – "Smoking in Cars Transporting Children" submitted by Allen F. Turcke, MD, Genesee County

Resolution 113-98A – "Restricting Medical Practices" submitted by Harvey W. Halberstadt, MD, Oakland County

Resolution 114-98A – "Unauthorized Releases of Physicians Confidential Credential File" submitted by John A. Rupke, MD, Organized Medical Staff Section and Lawrence H. Handelsman, MD, Washtenaw County

Resolution 116-98A – "Stop Smoking in Public Places" submitted by Carl F. Hammerstrom, MD, for the Marquette-Alger Delegation

COMMITTEE ON CONSTITUTION AND BYLAWS
Lourdes V. Andaya, MD, Chair

The 1998 House of Delegates approved the following amendments (indicated in **bold**) to the MSMS Constitution and Bylaws on second reading and became effective immediately:

Add to Section 2.00 "Membership—Classification—Election,"

2.50 **ACTIVE STATUS – PART-TIME DUES. A member who works less than twenty hours per week may be placed in the part-time dues category. Dues for this category will be one-half the annual active membership dues rate. Members in this category will have all the privileges of active membership. Eligibility for this category will be verified on a yearly basis.**

Renumber as follows:

2.60 PHYSICIANS-IN-TRAINING…
2.70 STUDENTS (MEDICAL STUDENT SECTION)…
2.80 RETIRED MEMBERS
2.90 LIFE MEMBERS
2.91 Doctors of medicine…
2.92 Upon the adoption…
2.93 Life members…
3.10 SERVICE MEMBERS
3.11 Military – …
3.12 Commissioned medical officers…
3.20 HONORARY MEMBERS…
3.30 NON-RESIDENT MEMBERS…
3.40 AFFILIATE MEMBERS…
3.50 RESOLUTIONS CONCERNING MEMBERSHIP CHANGES…

* * * * * *

Add to Section 20.10, "Recognized Specialty Organizations,"

Michigan Chapter, American College of Cardiology

* * * * * * * *

Cons. & Bylaws – 2

The 1998 House of Delegates approved on first reading the following amendments (indicated in **bold**) to the MSMS Constitution and Bylaws:
Constitution
Page 4, Article VII

Section 1.—COMPOSITION – The House of Delegates shall be the legislative body of the Society and shall consist of delegates elected by component societies, recognized specialty societies, delegates from the Resident Physicians, Students, Young Physicians, ~~and~~ Organized Medical Staff, **and International Medical Graduates** Sections, and other sections as shall from time to time be approved by the House of Delegates, delegates-at-large, and ex officio members, as prescribed by the Bylaws.
Bylaws
Page 6, Section 2.30

2.30 ACTIVE MEMBERS - To be eligible for active membership in any component society, doctors of medicine must hold an unrevoked permanent license in Michigan, or if unlicensed, must be engaged in academic teaching, research or administration. To maintain active membership in any component society, doctors of medicine must maintain active membership in this Society and comply with all the provisions of the Bylaws of this Society and the component society. ~~Physicians-in-training may become active members if they hold permanent licenses.~~

Page 8, Section 6.20

6.20 COLLECTION—~~The secretary of each component society shall collect and forward the dues and assessments to the Secretary of this Society~~ **All dues are to be collected** on or before April 1 of each year **in a manner set by this Society in consultation with the component society.**

Page 8, Section 6.50

6.50 ARREARS—SUSPENSION—Any member in arrears in the payment of dues assessments to this Society on the date in any year which coincides with the suspension date of the American Medical Association ~~(currently April 30)~~ if no extension of time for payment has been granted under the ....

Cons. & Bylaws – 3

Page 9, Section 7.20

7.20 DISCIPLINE - WHAT CONSTITUTES – Discipline as used in this chapter shall include reprimand, suspension and expulsion, and for grievous offense, recommendation to the State ~~Board of Registration~~ **licensing authority** for revocation of license.

Page 12, Section 12.20, DELEGATES-AT-LARGE – EX OFFICIO MEMBERS

paragraph 2

Except for the Speaker, Vice Speaker, ~~and~~ Immediate Past President**, and as otherwise provided in Section 12.10,** members of the Board of Directors are not eligible for election as delegates by their component societies.

Page 18, Section 16.10, STANDING COMMITTEES—

paragraph 4

Standing Committees shall **submit** ~~send special~~ **action** reports to the Board of Directors on matters concerning MSMS policy or requiring the expenditure of MSMS funds, and ~~shall submit~~ **informational reports as necessary to keep the Board of Directors informed.** ~~committee minutes to the Board of Directors for information~~. Each standing committee shall submit an annual summary....

Page 18, Section 16.20, LIAISON COMMITTEES—
paragraph 4
Liaison committees shall **submit** ~~send special~~ **action** reports to the Board of Directors on matters concerning MSMS policy or requiring the expenditure of MSMS funds, and ~~shall submit committee minutes to the Board of Directors for information.~~ **informational reports as necessary to keep the Board of Directors informed.** Each liaison....

Page 18, Section 16.30, TASK FORCES—

paragraph 2

Task forces shall submit ~~special~~ **action** reports to the Board of Directors on matters concerning MSMS policy or requiring the expenditure of MSMS funds, and ~~shall submit task force minutes to the Board of Directors for information.~~ **informational reports as necessary to keep the Board of Directors informed.** The action of the task forces may be included in the Board

Cons. & Bylaws – 4

of Directors Annual Report to the House of Delegates, if the Board Chair deems it appropriate.

Page 19, Section 18.10

18.10 EXECUTIVE DIRECTOR—There shall be an Executive Director, not necessarily a doctor of medicine or a member of the Society, who shall be ~~appointed~~ **designated by contract approved** by the Board of Directors **on an annual basis** ~~at its annual meeting and~~ who shall be remunerated ~~by a salary~~ **in an amount** which shall be fixed by the Board of Directors. The Executive Director shall be bonded in an amount considered sufficient by the Board of Directors the cost of which shall be paid from the funds of the Society.

* * * * * * * *

The following first reading amendments were recommended by the Committee on Constitution and Bylaws to fulfill mandates of the 1997 House of Delegates, but **were not approved** by the 1998 House of Delegates:

Page 5, Article VIII

Section 3. – ELECTION OF OFFICERS, DIRECTORS, AND AMA DELEGATES—The President, President Elect, Speaker of the House of Delegates, Vice-Speaker of the House of Delegates, District Directors, and Delegates and Alternates to the American Medical Association shall be elected by the House of Delegates, except as may be otherwise provided by the Bylaws with respect to the filling of vacancies. The Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer shall be ~~nominated~~ **elected** by the Board of Directors ~~and elected by the House of Delegates~~ in the manner and for such terms as are prescribed by the Bylaws. (See Bylaws, Section 13.40.)

Page 14, Section 13.40

13.40 ELECTION OF OFFICERS—Election of officers of the Society shall take place at ~~the last meeting of~~ the House of Delegates at each Annual Session. All nominations shall be made from the floor of the House with the exception of the Secretary, Assistant Secretary, Treasurer and Assistant Treasurer who are ~~nominated~~ **elected** by the Board of Directors. If there is only one nomination for any office, the candidate so nominated may be elected viva voce.

Cons. & Bylaws – 5

Page 14, Section 14.10

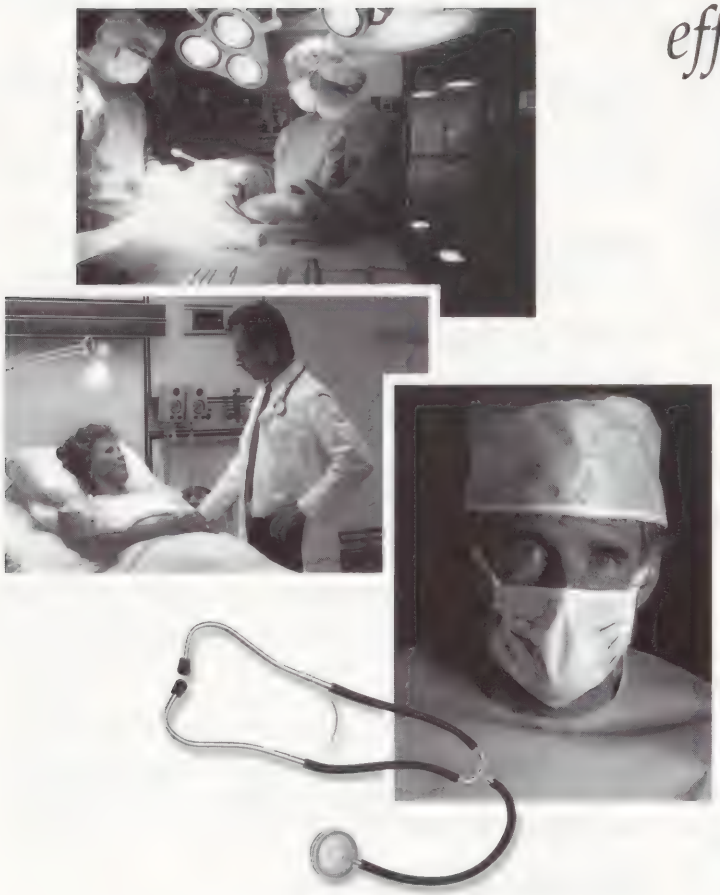
14.10 ORGANIZATION—The Board of Directors is the executive body of the Society. Subject only to the following, it shall determine the times and places of its meetings. ~~It shall nominate candidates for Secretary, Assistant Secretary, Treasurer and Assistant Treasurer, to be elected by the House of Delegates~~ **At its first meeting immediately following the Annual Session of the House of Delegates, the Board of Directors shall elect a Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer, who shall serve for a term of office of one year or until a successor is elected and takes office.** ~~At~~ **the same meeting,** ~~its first meeting immediately following the Annual Session of the House of Delegates,~~ the Board of Directors shall elect a Chair, a Vice-Chair, a Chair of the Finance Committee, a Chair of the Health Care Delivery....

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1998 Resolutions

Calls to Action Cover a Wide Variety of Issues

RESOLUTION 1-98A

Moses Muzquiz, MD, for the Jackson County Delegation

Title:Objective Outside Accreditation of Mental Health Programs. ADOPTED AS AMENDED.

RESOLVED: That MSMS work with the Michigan Legislature to amend the Mental Health Code to require adherence to national standards of certification for community mental health service programs.

RESOLUTION 2-98A

Martin H. Daitch, MD, Wayne County

Title: Separate Directory Listings for Physicians. ADOPTED.

RESOLVED: That MSMS maintain a directory that does not have separate listings of doctors by gender, race, religious or ethnic backgrounds.

RESOLUTION 3-98A

Susan H. Adelman, MD, for the Wayne County Delegation

Title:American Medical Accreditation Program (AMAP) Procedure Manuals. ADOPTED AS AMENDED.

RESOLVED: That MSMS ask the Michigan Delegation to the AMA to ask the AMA to create model office procedure manuals to satisfy the accreditation requirements of the American Medical Association Program (AMAP); and be it further

RESOLVED: That MSMS ask the Michigan Delegation to the AMA to ask the AMA to put the model office procedure manuals required by AMAP on the "members only" portion of the AMA Website, or available in hard copy, in order to provide an AMA member benefit.

RESOLUTION 4-98A

Susan H. Adelman, MD, for the Wayne County Delegation

Title:Documentation Guidelines. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to create templates for satisfying the new evaluation and management coding guidelines; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to create a sample compliance manual; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to put these documents on the "members only" portion of the AMA Website, so they may be downloaded as a member service.

RESOLUTION 5-98A

Susan H. Adelman, MD, for the Wayne County Delegation

Title:Specialty Societies. ADOPTED AS AMENDED.
RESOLVED: That the Michigan Delegation to the AMA ask the AMA that when legislation is under consideration that primarily affects a single specialty or membership section, that the AMA treat that specialty society or section, as the lead organization(s) to review this legislation and propose a suggested position for the AMA to follow; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA that the specialty society or membership section and the AMA jointly prepare reports to the AMA House of Delegates for consideration; and be it further
RESOLVED: That the Michigan Delegation to the AMA ask the AMA to ask the specialty society or membership section to partner with the AMA in implementing jointly-developed positions with a coordinated strategy for approaching Congress.

RESOLUTION 6-98A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Utilization of Medical Savings Accounts. ADOPTED AS AMENDED.

RESOLVED: That MSMS educate its members about the availability, advantages and disadvantages of medical savings accounts.

RESOLUTION 7-98A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Physician Negotiation and Bargaining Skills. ADOPTED AS AMENDED.

RESOLVED: That MSMS expand classes to educate and to prepare physicians to understand the process of negotiation and to

develop bargaining skills; and be it further

RESOLVED: That MSMS identify and widely disseminate information pertaining to resources available to physicians in the process of negotiating and bargaining.

RESOLUTON 8-98A

Edward C. Bush, MD, for the Wayne County Delegation

Title:Restrictions on Mental Health Coverage. APPROVED.

RESOLVED: That MSMS work with insurance companies, the Michigan insurance commissioner and other appropriate agencies to improve insurance coverage for mental health disorders.

RESOLUTION 9-98A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Definition of Age Groups. NO ACTION.

RESOLUTION 10-98A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Pharmacy Substitution of Generic Drugs. ADOPTED AS AMENDED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to reaffirm existing AMA policy calling for complete explanatory information on prescription labels; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to request the Food and Drug Administration to require a pharmacy, when it changes between trademark drugs and generics or when it changes generic manufacturers for prescription refills, to note that fact on the prescription label so the patient can so inform the physician in case problems arise.

RESOLUTION 11-98A

Michael A. Sandler, MD, for the Wayne County Delegation

Title:MSMS Teleconferencing. ADOPTED AS AMENDED.

RESOLVED: That MSMS expand the use of teleconferencing for MSMS committee meetings.

RESOLUTION 12-98A

Michael A. Sandler, MD, for the Wayne County Delegation

Title:Collaborative Efforts with County Medical Societies. Substitute Resolution (in lieu of 12-98A and 13-98A) ADOPTED AS AMENDED.

RESOLVED: That MSMS pursue administrative, legislative, and operational collaborative efforts with county medical societies throughout the state, when appropriate; and be it further

RESOLVED: That MSMS promote the benefits of regionalization for organized medicine in Michigan.

RESOLUTION 13-98A

Michael A. Sandler, MD, for the Wayne County Delegation

Title:Greater Collaboration with MSMS. Substitute Resolution (in lieu of Resolution 12-98A and 13-98A) ADOPTED AS AMENDED. See Resolution 12-98A.

RESOLUTION 14-98A

Michael A. Sandler, MD, for the Wayne County Delegation

Title:Contract and Legal Advocacy at MSMS. NO ACTION.

RESOLUTION 15-98A

Narinder K. Sherman, MD, for the Wayne County Delegation

Title:Patient Rights During Health Plan Sales. APPROVED.

RESOLVED: That MSMS take whatever steps necessary to ensure that when this "sale of covered lives" takes place the patient should have the right to opt out of the new plan without any penalties; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to take whatever steps necessary to ensure that when this "sale of covered lives" takes place the patient should have the right to opt out of the new plan without any penalties.

RESOLUTION 16-98A

Narinder K. Sherma, MD, for the Wayne County Delegation

Title:Board Certification and Discrimination. APPROVED.

RESOLVED: That MSMS reaffirm this policy and communicate its opposition to discrimination against its member physicians based solely on criteria of board certification; and be it further

RESOLVED: That MSMS collect information from members so discriminated against and take whatever steps necessary to stop this practice; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to reaffirm this policy and to communicate its opposition to discrimination against its member physicians based solely on criteria of board certification; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to collect information from members so discriminated against and to take whatever steps necessary to stop this practice.

RESOLUTION 17-98A

Narinder K. Sherma, MD, for the Wayne County Delegtion

Title:Continuity of Care. ADOPTED AS AMENDED.

RESOLVED: That MSMS take appropriate steps to maintain an established doctor-patient relationship through use of mandatory point of service options in the event of a change in health insurance; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to take appropriate steps to maintain an established doctor-patient relationship through use of mandatory point of service options in the event of a change in health insurance.

RESOLUTION 18-98A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Concealed Guns Legislation. APPROVED.

RESOLVED: That MSMS strongly oppose the concealed guns legislation, HB 5551 and work closely with the Partnership to Prevent Gun Violence and other opposing organizations to defeat HB 5551 and/or any other similar legislation that may be introduced.

RESOLUTION 19-98A

Gilbert B. Bluhm, MD, for the Wayne County Delegation

Title:Chemical Analysis Reports of Public and Commercial Water. ADOPTED AS AMENDED.

RESOLVED: That MSMS request that the appropriate federal agency require, not only water supplies of towns and cities, but also commercially bottled water, be analyzed and both follow the same rules and regulations as municipal water; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to request the appropriate federal agency require, not only water supplies of towns and cities, but also commercially bottled water, be analyzed and the public appropriately notified of its chemical content.

RESOLUTION 20-98A

Edmund M. Barbour, MD, for the Wayne County Delegation

Title:Dispense as Written (DAW) Prescriptions. ADOPTED AS AMENDED.

RESOLVED: That MSMS discuss the DAW (dispense as written) issue with the Michigan Pharmacy Board; and be it further

RESOLVED: That MSMS ask the Michigan Pharmacy Board to monitor and where appropriate sanction pharmacists who violate this act.

RESOLUTION 21-98A

Robert W. Oakes, MD, Calhoun County, for Paul A. Walk, MD

Title:Update Michigan's Medicaid Payments to All Physicians. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS consult with its legal counsel about the feasibility of a class action lawsuit against all agencies who discriminately fund the aforementioned corporations at the expense of private practices and proceed with such suit if feasible or appropriate; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to consult with its legal counsel about the feasibility of a class action lawsuit against all agencies who discriminately fund the aforementioned corporations at the expense of private practices and proceed with such suit if feasible or appropriate.

RESOLUTION 22-98A

Pramilla Sinha, MD, Wayne County

Title:Health Education Classes for Detroit Public Schools. NO ACTION.

RESOLUTION 23-98A

Pramilla Sinha, MD, Wayne County

Title:Lead Levels in Public Housing. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS work with the Michigan Department of Community Health to take necessary steps to reduce lead levels in public housing in Detroit.

RESOLUTION 24-98A

Samuel D. Indenbaum, MD, Wayne County

Title:Standardized Process for Credentialing. Substitute Resolution (in lieu of Resolution 24-98A and 48-98A) ADOPTED.

RESOLVED: That MSMS support present efforts to standardize credentialing forms and to require only updated material for re-credentialing; and be it further

RESOLVED: That MSMS encourage all physicians and licensed independent practitioners to urge the health care plans with which they are associated to implement a common credentialing/re-credentialing application and process with the Professional Credential Verification Services, Inc.

RESOLUTION 25-98A

J. Alan Robertson, MD, Wayne County

Title:Freedom of Physician Choice in No-Fault Medical Care. NO ACTION

RESOLUTION 26-98A

J. Alan Robertson, MD, Wayne County

Title:Classifying Managed Care Organizations as Health Care Providers. DISAPPROVED.

RESOLUTION 27-98A

J. Alan Robertson, MD, Wayne County

Title:Managed Care Opt Out. NO ACTION.

RESOLUTION 28-98A

B. Srinivasan, MD, for the Section for International Medical Graduates

Title:Communication Skills Seminars. APPROVED.

RESOLVED: That MSMS widely promote communication skills seminars to all physicians via the MSMS Residents homepage and the Medical Opportunities in Michigan homepage on the MSMSNET, as well as via the MSMS Joint Section Newsletter; and be it further

RESOLVED: That MSMS encourage county medical society international medical graduate delegations to submit letters to all residency program directors offering MSMS communication skills seminars to residency programs; and be it further

RESOLVED: That MSMS communicate the availability of these communication skills seminars to all residency programs.

RESOLUTION 29-98A

B. Srinivasan, MD, for the Section for International Medical Graduates

Title:Equity in Clinical Skills Assessment for Graduate Medical Education. Substitute Resolution (in lieu of Resolution 29-98A and 111-98A). ADOPTED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek to insure that if and when it is required, the Clinical Skills Assessment (CSA) Examination be made a uniform examination for all graduates of medical schools, both in the United States and outside of the United States; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to urge the Educational Commission for Foreign Medical Graduates to allow the Clinical Skills Assessment (CSA) Examination, if and when it is required, to be administered at a variety of sites and at the lowest cost feasible.

RESOLUTION 30-98A

B. Srinivasan, MD, for the Section for International Medical Graduates

Title:Do Not Compete Clauses. Substitute Resolution (in lieu of Resolution 30-98A and 56-98A). ADOPTED.

RESOLVED: That MSMS declare that it is unethical for a teaching institution to seek a non-competition guarantee in return for fulfilling its educational obligations and that this information, along with any information about a "Residents' Bill of Rights," be widely disseminated to medical students and residents, and to residency program directors in the state; and be it further

RESOLVED: That MSMS inform all Michigan residency program directors of the AMA policy on restrictive covenants.

RESOLUTION 31-98A

B. Srinvasan, MD, for the Section for International Medical Graduates

Title:Signing Bonuses to Attract Graduates of U.S. Medical Schools. ADOPTED AS AMENDED.

RESOLVED: That compensation and bonuses for residency applicants be allocated equally for applicants based on qualifications, not country or origin or training; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to declare it unethical for residency programs to provide special compensation or signing bonuses to graduates of U.S. medical schools and not to international medical graduates; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with the Accreditation Council for Graduate Medical Education to stop this unethical practice of providing special compensation or signing bonuses to graduates of U.S. medical schools and not to international medical graduates.

RESOLUTION 32-98A

B. Srinivasan, MD, for the Section for International Medical Graduates

Title:Delegates to the American Medical Association (AMA) International Medical Graduate (IMG) Section. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS elect two members from the MSMS Section for International Medical Graduates (IMGs) to represent Michigan IMGs at the AMA International Medical Graduates Section meetings; and be it further

RESOLVED: That MSMS provide the funds to pay for the travel and lodging expenses of the AMA IMG Section members; and be it further

RESOLVED: That MSMS ensure that the terms of the elected members be limited to two years for one representative and one year for the other representative for the first election and to two years thereafter for both representatives.

RESOLUTION 33-98A

B. Srinivasan, MD, for the Section for International Medical Graduates

Title:Increasing Michigan Membership of the American Medi-

cal Association (AMA) International Medical Graduate (IMG) Section. NO ACTION.

RESOLUTION 34-98A

David K. Johnson, MD, Ingham County, for Elizabeth A. Hutchinson, MD

Title:Penalties for Physicians' Proper Prescription Performance. ADOPTED AS AMENDED.

RESOLVED: That MSMS express its views against any health care plan which correlates compensation with, or imposes other penalties based on prescribing practices when the physician is trying to provide the highest quality of medical care and is choosing medications that are in the patient's best health interests; and be it further

RESOLVED: That MSMS work with health plans toward appropriate use of physician drug profiles.

RESOLUTION 35-98A

Thomas M. George, MD, Kalamazoo County

Title:Physician Oversight of Advanced Practice Nurses. Substitute Resolution (in lieu of Resolution 35-98A and Board Action Report #3). ADOPTED.

RESOLVED: That MSMS seek legislation which would require advanced practice nurses, while working in hospitals, to be medically directed by physicians who have hospital privileges in the specialty in which the nurse is practicing.

RESOLUTION 36-98A

Joseph R. Oldford, MD, Wayne County

Title:Physician Assistants (PAs) and Controlled Substances. DISAPPROVED.

RESOLUTION 37-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:The Business of Medicine Versus the Practice of Medicine and the Effect on Patient Care. Substitute Resolution (in lieu of Resolution 37-98A and 59-98A) ADOPTED.

RESOLVED: That MSMS official policy recommend that physicians not enter any contract that does not include due process clauses; and be it further

RESOLVED: That MSMS oppose physician termination-without-cause provisions in all physician contracts.

RESOLUTION 38-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Legislation to Require Licensing of Perfusionists. DISAPPROVED.

RESOLUTION 39-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Evaluation of Pharmacy Component of Health Insurance Premiums. APPROVED.

RESOLVED: That MSMS engage in a study of the impact of the pharmacy component of health insurance premiums to determine the cause of its cost escalation and to determine appropriate action to address this matter.

RESOLUTION 40-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Medicare and Choice Plan. NO ACTION.

RESOLUTION 41-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Medicaid Called Upon to Address and Comment on Its Physician Payment Process. APPROVED.

RESOLVED: That MSMS call upon Michigan's Medical Services Administration to explore billing and payment problems experienced by Michigan physicians and to implement corrective action to produce timely payments.

RESOLUTION 42-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Supervision of Allied Health Professional: Increased Liability. ADOPTED AS AMENDED.

RESOLVED: That MSMS make known to doctors the need for appropriate liability coverage for increased risk when physicians supervise allied health professionals.

RESOLUTION 43-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Endorsement of State Legislation Reforming Managed Care Liability.
APPROVED.

RESOLVED: That MSMS endorse House Bill 5221 for the purpose of reforming managed care liability in Michigan.

RESOLUTION 44-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Endorsement of Federal ERISA Reform Legislation. Substitute Resolution (in lieu of Resolution 44-98A and 100-98A) APPROVED.

RESOLVED: That MSMS use appropriate means to reform the federal ERISA Act in order to insure that health plans would be governed by state laws regulating health insurance; and be it further

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RESOLVED: That the Michigan Delegation to the AMA ask the AMA to use appropriate means to reform the federal ERISA Act in order to insure that health plans would be governed by state laws regulating health insurance.

RESOLUTION 45-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Peer Review of Extended Care Facility/Skilled Nursing Facility Medical Care Sanctions. Substitute Resolution. ADOPTED.

RESOLVED: That all issues identified during extended care facility/skilled nursing facility (ECF/SNF) survey regarding the medical care rendered by a physician which results in a citation of the ECF/SNF be reviewed and verified by an independent peer review physician program before closure of the survey; and be it further

RESOLVED: That MSMS pursue appropriate implementation of this peer review policy as a part of the Survey Team Findings Appeal Process within the Division of Long Term Care in the Michigan Department of Community Health; and be it further

RESOLVED: That this Resolution be referred to the AMA House of Delegates for national consideration.

RESOLUTION 46-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Health Care Financing Administration (HCFA) Denial of Coverage for Home Health Services. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to petition for immediate action enjoining the Health Care Financing Administration (HCFA) by all means necessary from denying coverage for home health services.

RESOLUTION 47-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Regulation of Snowmobile Speeds. ADOPTED AS AMENDED.

RESOLVED: That those operating or riding as a passenger on a snowmobile be safeguarded by regulations requiring helmets, and adequate and appropriate supervision of children; and be it further

RESOLVED: That MSMS call upon the Michigan Legislature to consider the development of snowmobile speed control laws, to require a snowmobile operator license and to require that rules for suspension or loss of a snowmobile license be coordinated with suspension or loss of a motor vehicle license.

RESOLUTION 48-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Re-Credentialing Venue: Health Care Plans Designating Professional Credential Verification Service as Their Credentialing Verification Organization.

Substitute Resolution (in lieu of Resolutions 24-98A and 48-98A). ADOPTED.
See Resolution 24-98A.

RESOLUTION 49-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Health Care Financing Administration (HCFA) Auditing of Physician's Medicare and Medicaid. APPROVED.

RESOLVED: That MSMS adopt a position supporting enjoinment of the Health Care Financing Administration (HCFA) from arbitrary assessment of audit monies; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek legislation enjoining HCFA from arbitrary assessment of audit monies.

RESOLUTION 50-98A

John A. Rupke, MD, for the Organized Medical Staff Section

Title:Reporting Child Abuse. NO ACTION.

RESOLUTION 51-98A

Jeffrey A. Diskin, MD, for the Michigan Ophthalmological Society

Title:Scope of Practice Expansion. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS seek legislation that requires any expanded scope of practice legislation or rule to be reviewed and approved by the Michigan Board of Medicine.

RESOLUTION 52-98A

James H. Saker, MD, Michigan Allergy and Asthma Society, for Kenneth D. Rosenman, MD

Title:Ozone, Nitrogen Oxide, Particulate Air Pollution. Substitute Board Action Report (in lieu of Board Action Report #6 and Resolution 52-98A) ADOPTED AS AMENDED. See Board Action Report #6.

RESOLUTION 53-98A

Magdy Hanna, MD, Wayne County

Title:Negotiated Agreements with Insurance Companies for Non-Insured Patients. DISAPPROVED.

RESOLUTION 54-98A

Earl G. Moehn, MD, Macomb County, for Bruce E. Carl, MD

Title:Junk Science in Michigan Medical Liability Cases. DISAPPROVED.

RESOLUTION 55-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Board Certification: What Every Student and Resident Needs to Know. APPROVED.

RESOLVED: That MSMS make available to medical student and resident members of MSMS and AMA Young Physicians Section documentation on *Board Certification: What Every Student and Resident Needs to Know* and that this information be available through electronic means.

RESOLUTION 56-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Restricted Covenants in Residency and Fellowship Training. Substitute Resolution (in lieu of Resolutions 30-98A and 56-98A). ADOPTED. See Resolution 30-98A.

RESOLUTION 57-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Continuing Medical Education (CME) Opportunities Through MSMS. APPROVED.

RESOLVED: That MSMS publish a calendar which states all educational opportunities available through MSMS and that MSMS identify the number of continuing medical education (CME) hours and the category of CME for each seminar, workshop or other CME event; and be it further

RESOLVED: That MSMS provide links and other contact information through MSMSNET to appropriate specialty societies' websites as well as to other organizations within the state that provide education and CME opportunities.

RESOLUTION 58-98A

Gregory L. Walker, MD, for the Young Physician Section

Title:MSMS Young Physicians Section (YPS) Page on the Internet. APPROVED.

RESOLVED: That MSMS develop a page on MSMSNET for the Young Physicians Section (YPS) which would include members of the YPS, activities and issues of importance to young physicians, as well as methods by which young physicians can be involved with MSMS; and be it further

RESOLVED: That an MSMS-YPS page have links to the AMA-YPS page, other medical society young physicians section pages and any other important sites of interest to young physicians.

RESOLUTION 59-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Termination Without Cause Contract Clauses. Substitute Resolution (in lieu of Resolution 37-98A and 59-98A) ADOPTED. See Resolution 37-98A.

RESOLUTION 60-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:MSMS House of Delegates Resolutions on the Internet. APPROVED.

RESOLVED: That MSMS place the resolutions, which will be debated at the MSMS House of Delegates, on a secure section of the Internet so that delegates and alternates can download and review them prior to the annual meeting at their own convenience; and be it further

RESOLVED: That MSMS place on the Internet any background information regarding AMA and MSMS policy that is pertinent, timely and involves resolutions which will be debated at the MSMS House of Delegates.

RESOLUTION 61-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Index Page in MSMS Delegate Handbook. APPROVED.

RESOLVED: That MSMS include in the front of its Delegates Handbook an index page with subheadings listing the resolutions submitted by each county medical society, specialty society or section along with the number of the resolution and the reference committee to which it has been submitted.

RESOLUTION 62-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:County Membership Transfers. ADOPTED AS AMENDED.

RESOLVED: That MSMS work with the county medical societies to develop a method for transfer of membership information in order to facilitate the membership application process.

RESOLUTION 63-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Physician Collective Bargaining. ADOPTED AS AMENDED.

RESOLVED: That MSMS study and provide information regarding the ability of the physicians to engage in the collective bargaining process. This information would include benefits, terms of employment, uniform legal representation, and the provisions of due process.

RESOLUTION 64-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Patient Education Material. APPROVED.

RESOLVED: That MSMS utilize MSMSNET to provide a list of current patient education topics and a means to access this information.

RESOLUTION 65-98A

Gregory L. Walker, MD, for the Young Physicians Section

Title:Reimbursement for Influenza Vaccination. ADOPTED AS AMENDED.

RESOLVED: That MSMS provide information to all members regarding appropriate charges allowed by Medicare and other payers when physicians administer influenza vaccine to the appropriate populations in their practices.

RESOLUTION 66-98A

Harvey W. Halberstadt, MD, Oakland County

Title:Contracts for Non-Board Certified Physicians. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek legislation to prohibit health plans from using lack of board certification as a sole criterion for excluding a physician from a health care contract.

RESOLUTION 67-98A

Harvey W. Halbertstadt, MD, Oakland County

Title:Current Procedural Terminology (CPT) Codes. Substitute Resolution (in lieu of Resolution 67-98A and 72-98A) ADOPTED AS AMENDED.

RESOLVED: That MSMS use all available means to pursue the goal of having all insurance companies cover and adequately reimburse all appropriate current procedural terminology (CPT) codes, stop "bundling" (combining procedures) and stop downgrading codes to avoid proper reimbursement.

RESOLUTION 68-98A

Steven E. Newman, MD, Oakland County, for Robert C. Nestor, DO

Title:Continuing Medical Education (CME) Credits for Osteopathic Physicians Certified by Allopathic American Boards of Medical Specialties. APPROVED.

RESOLVED: That MSMS work with the Michigan Osteopathic Association and the Osteopathic Licensure Board to ensure that physicians certified by one of the American boards of medical specialists may interchange the 60 hours of Category I continuing medical education in either osteopathic or allopathic-approved programs to meet Michigan license requirements.

RESOLUTION 69-98A

Peter F. Gordon, MD, Oakland County

Title:Medical Use of Marijuana. APPROVED.

RESOLVED: That MSMS oppose the medical use of marijuana except for the use in accepted Institutional Review Board (IRB) research protocols.

RESOLUTION 70-98A

Steven E. Newman, MD, for the Oakland County Delegation

Title:MSMS Directory Arranged by Counties. ADOPTED AS AMENDED.

RESOLVED: That MSMS publish future editions of the MSMS Membership Directory in a listing by county medical society members and specialty; and be it further

RESOLVED: That MSMS make future editions of the MSMS Membership Directory available to members through secured electronic means.

RESOLUTION 71-98A

Steven E. Newman, MD, for the Oakland County Delegation

Title:Repressive 90-Day Post-Operative Period. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS by all means prevent/oppose any effort by insurance carriers, managed care organizations or similar groups to arbitrarily impose the 90-day repressive resource based relative value scale (RBRVS) driven post-operative periods upon physicians; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to advocate by all means for a change in the 90-day post-operative period at the Health Care Financing Administration by introducing a resolution at the AMA annual meeting in June 1998 opposing the 90-day rule.

RESOLUTION 72-98A

George L. Blum, MD, Oakland County

Title:Current Procedural Terminology (CPT) Codes. Substitute Resolution (in lieu of Resolution 67-98A and 72-98A) ADOPTED AS AMENDED. See Resolution 67-98A.

RESOLUTION 73-98A

Edward J. Nebel, MD, St. Clair County

Title:Legislation to Change Certificate of Need Process. NO ACTION.

RESOLUTION 74-98A

Edward J. Nebel, MD, St. Clair County

Title:Opposition to Blue Cross Blue Shield of Michigan (BCBSM) Operating as a Private For-Profit Mutual Insurance Company. DISAPPROVED.

RESOLUTION 75-98A

John C. Sullivan, MD, St. Clair County, for David M. C. Hislop, MD

Title:Physician Involvement with Tobacco Education. ADOPTED AS AMENDED.

RESOLVED: That MSMS identify and encourage participation by physicians in the use existing educational aids and presentations on tobacco education.

RESOLUTION 76-98A

John C. Sullivan, MD, St. Clair County, for David M. C. Hislop, MD

Title:Cost of Medical School in Michigan. APPROVED.

RESOLVED: That MSMS address the long-term costs of medical education and work with Michigan medical schools to reduce the cost of that education.

RESOLUTION 77-98A

Harvey W. Halberstadt, MD, Oakland County

Title: Parity. APPROVED.

RESOLVED: That MSMS support legislation to give parity for the treatment of mental illnesses and substance abuse disorders when there is medical necessity.

RESOLUTION 78-98A

Harvey W. Halberstadt, MD, Oakland County

Title:Physicians as Felons. ADOPTED AS AMENDED.

RESOLVED: That MSMS study legal issues that result in physicians charged with crimes for their adverse clinical outcomes and support state legislation to remedy the problem.

RESOLUTION 79-98A

Gregory G. Messenger, MD, Ingham, County, with David A. Detrisac, MD and Floyd G. Goodman, MD

Title:Outpatient Reimbursement Parity. ADOPTED AS AMENDED.

RESOLVED: That MSMS support all legislative, executive and judicial actions at the state and national levels to establish parity between Medicare payments for hospital outpatient department services and the same services provided in a private practitioner's office; and be it further

RESOLVED: That MSMS support all legislative, executive and judicial actions at the state and federal levels, to prevent escalated co-payments by beneficiaries (Medicare patients) to hospital outpatient departments or hospital-owned physician practices above those the beneficiaries would have to pay at a private practitioner's office; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support all legislative, executive and judicial actions at the state and national levels to establish parity between Medicare payments for hospital outpatient department services and the same services provided in a private practitioner's office; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support all legislative, executive and judicial actions at the state and federal levels, to prevent escalated co-payments by beneficiaries (Medicare payments) to hospital outpatient departments or hospital-owned physician practices above those the beneficiaries would have to pay at a private practitioner's office.

RESOLUTION 80-98A

Gregory G. Messenger, MD, Ingham County, with David A. Detrisac, MD and Floyd G. Goodman, MD

Title:Health Care Dollars on the Cayman Islands. REFERRED TO THE BOARD FOR IMMEDIATE ACTION.

RESOLVED: That MSMS encourage and support legislation, as well as executive and judicial actions, to stop health care dollars being sent to offshore insurance companies from not-for-profit, non-taxable hospitals; and be it further

RESOLVED: That MSMS seek legislation to require that not-for-profit non-taxable hospitals account to the general public with full detailed disclosure of the disposition and expenditure of these monies.

RESOLUTION 81-98A

Gregory G. Messenger, MD, Ingham County, with David A. Detrisac, MD and Floyd G. Goodman, MD

Title:Monopolistic and Anti-Competitive Actions of Hospital-Owned Health Maintenance Organizations (HMOs). NO ACTION.

RESOLUTION 82-98A

Gregory G. Messenger, MD, Ingham County, with David A. Detrisac, MD and Floyd G. Goodman, MD

Title:Opposition to Senate Bill 673 Cease and Desist Any Changes in Public Act 350. ADOPTED AS AMENDED.

RESOLVED: That MSMS oppose Senate Bill 673 allowing Blue Cross Blue Shield of Michigan to become a mutual insurance company, which would allow BCBSM to avoid the regulations of Public Act 350 of 1980.

RESOLUTION 83-98A

Gregory G. Messenger, MD, Ingham County, with David A. Detrisac, MD, and Floyd G. Goodman, MD

Title:Physicians Vulnerability and Protection from Criminal Sexual Misconduct. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS affirm and support the propriety of the physician using his/her best judgment in determining with the patient the extent and thoroughness of the history and physical exam; and be it further

RESOLVED: That MSMS aid physicians in educating the public regarding the above principles.

RESOLUTION 84-98A

Mark R. Shebuski, MD, for the Houghton-Baraga-Keweenaw Counties

Title:Against Lay Midwifery. ADOPTED AS AMENDED.

RESOLVED: That MSMS call upon the Michigan Legislature to define obstetrics as assistance in the delivery of a child and that the performance of obstetrical services is an act of the practice of medicine requiring proper licensure as a physician, or advanced practice nurse midwife; and be it further

RESOLVED: That MSMS call upon the Michigan Legislature to forbid the remuneration of an individual in any way for the performance of non-emergency obstetrical services without proper licensure; and be it further

RESOLVED: That neither resolveds shall seek to prevent an individual from performing obstetric services on a true emergency basis when licensed individuals are not immediately available and that neither resolved shall seek to prevent the usual remuneration of a civil servant or emergency personnel who perform obstetric services on an emergency basis during the course of his/her civil or emergency duties.

RESOLUTION 85-98A

Louis R. Zako, MD, Northern Michigan Counties

Title:Physician Assisted Suicide. ADOPTED AS AMENDED.

RESOLVED: That MSMS support legislation opposing physician assisted suicide, so long as such legislation includes safeguards to protect the legal and ethical rights of physicians and patients.

RESOLUTION 86-98A

Michael W. Smith, MD, for the Washtenaw County Delegation

Title:Diagnostic Procedural Coding System. ADOPTED AS AMENDED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to use its influence to preserve the coding authority of professional services; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to arrange current procedural terminology (CPT) hierarchically so that systematic statistical aggregation can be done and that it be compatible with the diagnostic hierarchy; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to thoroughly evaluate the appropriateness, cost of implementation and timeframe, if implemented, of the proposed ICD-10-PCS (procedural coding system), developed by the 3M Company, and after thorough evaluation, champion a position based on this evaluation.

RESOLUTION 87-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Collaborative Agreement. ADOPTED AS AMENDED.

RESOLVED: That MSMS support drafting a uniform collaborative agreement to be used by physicians statewide if Senate Bill 104 passes the Michigan Legislature; and be it further

RESOLVED: That MSMS seek concurrence of the Michigan Osteopathic Association for assistance in the development of a uniform collaborative agreement if Senate Bill 104 passes the Michigan Legislature.

RESOLUTION 88-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Prosecutory Immunity for Tobacco Industry. NO ACTION.

RESOLUTION 89-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:No Unfunded Mandates. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to help pass legislation that would require all further mandates from the Health Care Financing Administration (HCFA) to be funded by HCFA.

RESOLUTION 90-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Record Retention. NO ACTION.

RESOLUTON 91-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Michigan Board of Medicine. ADOPTED AS AMENDED.

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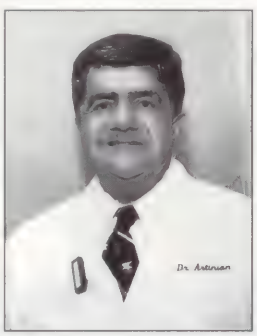
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2. **Moratorium on licensure and registration** of new health maintenance organizations (HMO's)
   Pending quality issue resolution
   Increased state scrutiny of "for profit" (HMO's)
3. **Privatize Medicaid**
   Increased care / increased dignity
   Offer families on-half Medicaid payment to care for senior relative at home
4. **Tax credit to Doctors** and other providers in under-served areas / in care for poor or uninsured.
5. **Deregulate healthcare insurance**
   Removal of excessive mandates
   Allow free market to offer / operate
6. **Organize purchase pools** throughout state
   Ships - Small business health insurance pools
   Spips - Senior prescription insurance pools (for Rx coverage)
7. **Reorganize and redirect** Michigan Department of Health
   Asthma, lyme, HIV, drug treatment and prevention.

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RESOLVED: That MSMS work with the Michigan Board of Medicine to add the option to speak with an individual during regular business hours as part of the current voice mail system.

RESOLUTION 92-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Electronic Record Confidentiality. NO ACTION.

RESOLUTION 93-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Health Maintenance Organization (HMO) Accountability. ADOPTED AS AMENDED.

RESOLVED: That MSMS seek uniform standards for reporting and disclosing to prospective members, the percentage of premiums used for administrative expenses.

RESOLUTION 94-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Hospital Mergers. ADOPTED AS AMENDED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to assess the impact of pending mergers on patient care delivery.

RESOLUTON 95-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Primary Care Definition. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek legislation to allow physicians who actually function as primary care doctors (even though he/she may not be in family practice, internal medicine or pediatrics), for a particular patient, to continue to function as the patient's primary care doctor; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to seek legislation allowing these doctors to be reimbursed accordingly.

RESOLUTION 96-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Health Care Financing Administration (HCFA) and Resident Supervision. APPROVED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to help establish more realistic guidelines for attending physician involvement in patient care with resident physicians.

RESOLUTION 97-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Involuntary Garnishment of Reimbursement by Health Maintenance Organizations and Third Party Payers. ADOPTED AS AMENDED.

RESOLVED: That MSMS strongly oppose garnishment of reimbursement or other fees without physician opportunity to first respond to audit questions or allegations before health maintenance organizations or third party payers decide to impose financial sanctions; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to strongly oppose garnishment of reimbursement or other fees without physician opportunity to first respond to audit questions or allegations before health maintenance organizations or third party payers decide to impose financial sanctions.

RESOLUTION 98-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Screening Pelvic Exam Frequency. ADOPTED AS AMENDED.

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to work with the Health Care Financing Administration to restore adequate payment for and to encourage the performance of annual screening pelvic exams and, at the discretion of the physician, pap smears.

RESOLUTION 99-98A

Domenic R. Federico, MD, for the Kent County Delegation

Title:Pathological Gambling. ADOPTED AS AMENDED.

RESOLVED: That MSMS commit itself to serve as an advocate for the treatment of gambling addiction among people in Michigan.

RESOLUTION 100-98A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Endorsement of Stark-Kildee Employment Retirement Income Security Act of 1974 (ERISA) Legislation. Substitute Resolution (in lieu of Resolution 44-98A and 100-98A) APPROVED. See Resolution 44-98A.

RESOLUTION 101-98A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Insurance for Domestic Partners. NO ACTION.

RESOLUTION 102-98A

Thomas F. Higby, MD, Livingston County, for Ismeal D. Yanga, MD

Title:Continuing Medical Education (CME) Credits for County Society Meetings.
NO ACTION.

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Edward C. Bush, MD, chair of Reference Committee E—Public Health, moderates debate during discussion of the 20 resolutions handled by his committee.



Busharat A. Ahmad, MD provides testimony regarding the issue of medical student voting privileges. Jeff Huo, a second-year medical student from U-M, awaits his turn.



David Nadeau, MD, chair of the Young Physicians Section (YPS), Muskegon; Pino D. Colone, MD, immediate past-chair of the MSMS YPS, Flint; Tama D. Abel, MD, former MSMS YPS chair, Ann Arbor discuss pertinent details of reference committee debate.

RESOLUTION 103-98A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Timely Payments by Third Party Payers. APPROVED.

RESOLVED: That MSMS seek legislation which would require third party payers to pay physicians within 14 business days following receipt of a clean claim (as defined by MSMS) by electronic transmission or 21 business days for hard copy; and be it further

RESOLVED: That non-clean claims (as defined by MSMS) be resolved within 30 days; and be it further

RESOLVED: That failure of third party payers to pay physicians within the time limit result in a penalty assessment of three percent per month with a fine of $5,000 per incident.

RESOLUTION 104-98A

John R. Petrasky, MD, Association of Public Health Physicians, for the MSMS Task Force on Immunization

Title:Comprehensive Assessment of Immunization in the Sixth Grade. ADOPTED AS AMENDED.

RESOLVED: That MSMS support amendments to the Michigan Public Health Code and the School Code to require assessment of the immunization status of all sixth graders starting with the 2002/2003 school year.

RESOLUTION 105-98A

John R. Petrasky, MD, Association of Public Health Physicians, for the MSMS Task Force on Immunizations

Title:Amendment of the Michigan Public Health Code to Include Varicella Vaccine. ADOPTED AS AMENDED.

RESOLVED: That MSMS amend the Public Health Administrative Rules to require that the varicella vaccine be required for all preschoolers by the year 2000 and for all children entering school for the first time by the year 2002.

RESOLUTION 106-98A

Mark R. Shebuski, MD, for the Houghton-Baraga-Keweenaw Delegation and Rudy W. Stefancik, MD

Title:Michigan Board of Medicine Compliance Conferences. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS seek changes in the appropriate statute to require a pre-screening of complaints by a physician designated by the Michigan Board of Medicine who specializes in the same specialty as the accused licensee prior to any compliance conference; and be it further

RESOLVED: That the pre-screening physician shall make a determination if a reasonable standard of care has been met, regardless of the results of previous civil litigation; and if the standard of care has not been met, then said reviewer shall render an opinion as to the degree and severity of such error; and be it further

RESOLVED: That the pre-screening physician's recommendation shall be forwarded to the Michigan Board of Medicine should the licensee exercise his/her rights and refuse the terms offered by the attorney general at a settlement conference.

RESOLUTION 107-98A

Mark R. Shebuski, MD, for the Houghton-Baraga-Keweenaw Delegation and Rudy W. Stefancik, MD

Title:Recruitment of Corporate-Affiliated Physicians. APPROVED.

RESOLVED: That MSMS study the feasibility of implementing initiatives on the rural level similar to that which have been offered to Henry Ford Medical Group; and be it further

RESOLVED: That MSMS seek to create a marketing plan that county medical societies can use to approach and to entice corporate-affiliated physicians to join MSMS and the AMA which is tailored specifically to the interests and aspirations of corporate-affiliated physicians.

RESOLUTION 108-98A

Mark R. Shebuski, MD, for the Houghton-Baraga-Keweenaw Delegation and Rudy W. Stefancik, MD

Title:Automatic Review of Physicians by the Michigan Board of Medicine. REFERRED TO THE BOARD FOR STUDY.

RESOLVED: That MSMS seek legislation to change the threshold for automatic review of physicians by raising the total dollar settlement as well as the limit on the number of cases within a five-year period in which there is an award; and be it further

RESOLVED: That if raising this threshold for all physicians is not agreeable to the Michigan Legislature, then MSMS shall seek to raise the threshold for specialties in high-risk malpractice classifications.

RESOLUTION 109-98A

Allen F. Turcke, MD, for the Genesee County Delegation

Title:Proposed Changes in the Omnibus Budget Reconciliation Act (OBRA), Health Care Financing Administration and Michigan Department of Consumer and Industry Services Rules Requiring Therapeutic Interventions for Nursing Home Changes. ADOPTED AS AMENDED.

RESOLVED: That MSMS recommend to the Michigan Department of Consumer and Industry Services that the Michigan Public Health Code, as it relates to nursing homes, be rewritten to accommodate patient and family choice in treatment on a

continued on page 30



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case-by-case basis; and be it further

RESOLVED: That the Health Care Financing Administration and Michigan Department of Consumer and Industry Services rules requiring physical therapy, and dietary evaluation be changed, when the physician, patient and family think that they are not of value.

RESOLUTION 110-98A

Steven E. Newman, MD, Oakland County, for the Michigan Association of Health Plans

Title:Antibiotic Resistant Bacteria. ADOPTED AS AMENDED.

RESOLVED: That MSMS, through the new Michigan Antibiotic Resistance Reduction (MARR) project, inform Michigan physicians, medical students, residents, and the public about the emergence of antibiotic resistant bacteria.

RESOLUTION 111-98A

B. Srinivasan, MD, for the Section for International Medical Graduates

Title:Equity in Clinical Skills Assessment for Graduate Medical Education. Substitute Resolution (in lieu of Resolutions 29-98A and 111-98A). ADOPTED. See Resolution 29-98A.

RESOLUTION 112-98A

Allen F. Turcke, MD, Genesee County

Title:Smoking in Cars Transporting Children. NOT ADOPTED – DEFEATED.

RESOLUTION 113-98A

Harvey W. Halberstadt, MD, Oakland County

Title:Restricting Medical Practices. APPROVED.

RESOLVED: That the MSMS Board of Directors study the problems and seek legal remedy when health care management companies restrict the practice of physicians, e.g., not allowing psychiatrists to do psychotherapy and restricting their practice to writing prescriptions.

RESOLUTION 114-98A

John A. Rupke, MD, Organized Medical Staff Section and Lawrence H. Handelsman, MD, Washtenaw County

Title:Unauthorized Release of Physicians Confidential Credential File. NO ACTION.

RESOLUTION 115-98A

Title:Misuse of the Title Doctor. NOT ACCEPTED AS A LATE RESOLUTION.

RESOLUTION 116-98A

Carl F. Hammerstrom, MD, for the Marquette-Alger Delegation

Title:Stop Smoking in Public Places. APPROVED.

RESOLVED: That MSMS reaffirm AMA and MSMS policies on tobacco use; and be it further

RESOLVED: That MSMS encourage all of its component societies to urge passage of municipal and county clean air tobacco smoke free ordinances; and be it further

RESOLVED: That MSMS provide support to component societies with information on public awareness campaigns concerning the adverse health effects of passive tobacco smoke exposure, model legislation and workshops to strengthen physician participation in political action regarding tobacco; and be it further

RESOLVED: That the Michigan Delegation to the AMA ask the AMA to support enactment of the existing OSHA clean air rules in the work place.

RESOLUTION 117-98A

Cheryl A. Davison, MD, for the Northern Michigan Delegation

Title:Support for *Ask the Doctors* on WNMU-TV13 Northern Michigan University Public Television. NOT ACCEPTED AS A LATE RESOLUTION.

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Election Results

Delegates Appoint Colleagues to MSMS Leadership Positions

The 1998 House of Delegates elected the following MSMS officers and directors, as well as delegates and alternates to the American Medical Association.

Officers (to the 1999 House of Delegates)

President	Cathy O. Blight, MD, *Genesee*
President-elect	Krishna K. Sawhney, MD, *Wayne*
Immediate Past President	Peter A. Duhamel, MD, *Oakland*
Secretary	Thomas R. Berglund, MD, *Kalamazoo*
Assistant Secretary	Thomas C. Payne, MD, *Ingham*
Treasurer	Billy Ben Baumann, MD, *Oakland*
Assistant Treasurer	Earl G. Moehn, MD, *Macomb*
Speaker	Dorothy M. Kahkonen, MD, *Wayne*
Vice-Speaker	Paul O. Farr, MD, *Kent*

District Directors (to the 2001 House of Delegates)

1st District	Michael A. Sandler, MD, *Wayne*
1st District	Edward C. Bush, MD, *Wayne*
2nd District	Sherman W. Horn, MD, *Eaton*
4th District	Kenneth J. Edwards, MD, *Berrien*
5th District	John M. MacKeigan, MD, *Kent*
6th District	AppaRao Mukkamala, MD, *Genesee*
14th District	Rhoda M. Powsner, MD, *Washtenaw*

Delegates to the AMA (to the 2000 House of Delegates)

Busharat Ahmad, MD, *Monroe*
Billy Ben Baumann, MD, *Oakland*
Cathy O. Blight, MD, *Genesee*
Gilbert B. Bluhm, MD, *Wayne*
Dorothy M. Kahkonen, MD, *Wayne*
Partha S. Nandi, MD, *Resident*
Marguerite R. Shearer, MD, *Washtenaw*
Willard S. Stawski, MD, *Kent*

Alternate Delegates to the American Medical Association (to the 2000 House of Delegates – in order of seniority)

John W. Hall, MD, *Northern Michigan*
Domenic R. Federico, MD, *Kent*
Thomas E. Stone, MD, *Muskegon*
Angela R. B. Tiberio, MD, *Kent*
Pino D. Colone, MD, *Genesee*
James P. Gallagher, MD, *Wayne*
Michael A. Sandler, MD, *Wayne*



Krishna K. Sawhney, MD, (left), was chosen as president-elect of MSMS. He will take office as the 134th MSMS president in May 1999. Cathy O. Blight, MD, (right) MSMS president congratulates Doctor Sawhney during the Presidential Ball.

Susan H. Adelman, MD, Elected New AMA Trustee



MSMS Past President Susan H. Adelman, MD, a Southfield pediatric surgeon, was elected to the AMA Board of Trustees June 17. The AMA House of Delegates, convened at the 1998 AMA Annual Meeting in Chicago, elected Doctor Adelman to the 12-person Board for a four-year term.

Doctor Adelman ran on a platform emphasizing her extensive experience in private practice, health care economics, and medical society leadership. She promised to work to expand AMA efforts to serve today's diverse population of physicians and to strengthen the roles of specialties in AMA deliberations.

Doctor Adelman has served two terms on the AMA Council on Medical Service, is a Michigan delegate to the AMA, and has chaired the AMA Special Caucus. She was MSMS president in 1990-91 and Wayne County Medical Society president in 1983-84.

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Diplomate, American Academy of Pain Management

John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.

Cathy O. Blight, MD

President, Michigan State Medical Society

It was a hot August day as she walked to the bus stop after a long day's work. When the bus came, she got on, paid her fare, and did what any of us would have done, she sat down.

Eight years later, a young minister, standing on the steps of the Lincoln Memorial, called to a nation to share his dream,..." a dream that one day this nation will rise up and live out the true meaning of its creed:...that all men are created equal."

Rosa Parks and Martin Luther King, Jr., two of the many voices that helped define and fuel one of the great revolutions of my time, the civil rights movement.

But it wasn't these two alone, but hundreds of people of all racial and ethnic backgrounds, working together, that galvanized and changed a nation forever.

Like the civil rights movement, our Michigan State Medical Society has succeeded through individual dreams and collective efforts. These have shaped it into one of the most vital, innovative societies today, serving our patients and our profession. The challenge before us is to continue and expand those efforts, re-energizing ourselves and enlisting the assistance of those non-participating members.

We must understand our past, how we have drawn on the best of the diverse skills of our membership, and what we can do to use those in the future for our patients and our profession.

It was a weekend much like this. The debate on the floor of the House on Sunday was on abortion, not the debate of choice, but should it be available to the mother in cases of incest or rape or if her life was at stake. Doctor Keemer of Wayne County moved to the microphone and told his patients' stories, those who came to him, seeking medical care, after "botched" back room abortions. So eloquent was his testimony and so powerful were the stories he told, that the resolution passed overwhelmingly.

Another time, another year, long before it was "politically correct," this House elected Doctor Marjorie Peebles-Meyers to its AMA delegation, making Michigan one of the few, and first, states to have a black and a woman on its delegation.

More recently, a physician sitting in this House today, Doctor Busharat Ahmad, was concerned that he and his follow IMGs came here to serve in a health care delivery system that used them and then ignored them. So he came to us, his colleagues, convincing us of the wisdom of including these special voices, and our IMG Section was created. And we have benefited over and over by hearing these voices.

These are only a few examples of individual dreams that became reality.

Collective successes have been just as notable. We are all still living in the afterglow of success of the amendment and passage of SB 104. By working together, we convinced our legislators that this was not a matter of self interest, but truly a patient care concern.

Last year, in coalition with patient advocacy groups, we secured passage of the Michigan Patient Bill of Rights, which tried to level the playing field for patients and ensure equitable treatment, as we move into an era of managed care.

Throughout our history, the medical society has been involved in educational, socio-economic, ethical and legislative issues, all for the betterment of our profession and our patients.

But all these successes have not come without an attached cost, a cost of time commitment and dollars. And we need to understand each of these.

It takes our dues dollars to provide an infrastructure that can support all these activities. The walls that house the meetings, the staff, the mailings, the research, the things that sup-



"MSMS member involvement" is the theme of incoming President Cathy O. Blight, MD's term.

port physician activity, all cost money. But it is money well spent because it enhances those activities and frees physicians to do the actual work of advocacy.

A colleague from Genesee County told me that the one thing that helped almost more than anything else during the "virtual rally" about SB 104, was the fact that besides the "talking points" sheet that was faxed to members, their senator's name, along with a phone and fax number, was attached. This made getting a message to the senator extremely easy, with the physician not having to waste time looking up those numbers. A simple thing, maybe, but one that ensured that our "virtual rally" was a success.

As good as staff is, and as beautiful and functional a building as we have, the efforts that fuel the medical society are those of our involved members.

I know I am preaching to the choir, because those of you here today have made the commitment and taken the time to be involved in this democratic process, charting the course of your medical society for the next year. And we realize that this is just one aspect of involvement, for we have colleagues who support the other educational, bio-ethical and socioeconomic activities.

But as any of us who have listened to the debate in reference committees can attest, the challenges seem bigger and come faster than ever before. If this medical society is to continue to be the vanguard of patient and physician advocacy, we need help. As good as WE are, think how much better we could be if more of our colleagues were involved.

A friend of mine says he initially was flattered when a colleague would come up and congratulate and thank him for his hard work on behalf of the profession. But finally he figured out what they were really saying was "thanks, because now I don't have to do it."

I am asking you, over the next year, to nudge, cajole, pull those colleagues into action with us.

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Peter A. Duhamel, MD

MSMS Immediate Past President

If there is one thing I have learned in the past year, it is this: I chose the right profession. I am not being pious. I am not being prideful. I am not being pretentious. I am simply telling you that I love my profession. What I do for a living. My livelihood. My life.

I love it because of what it allows me to do for my patients. The caring, the trust, the healing. And just as important, I love it for what it allows me to do with you, my colleagues in the greatest profession on earth.

Each of us worked hard to reach the pinnacle of the healing arts. What drove us through medical school and residency is the same energy that propels us forward today. Not to rest on our laurels, on past accomplishments, but to seek new challenges. We keep striving. We keep growing. We keep giving.

Too many professions experience burnout. After a decade or two they regret their career choice. Despite the onslaught our profession now endures, I believe physicians have at their core a spirit, a balance, an optimism that not only keeps us going during difficult times, but drives us to do good for others.

Last year I stood here before you and encouraged you and all MSMS members to do good for others through community service. I gave examples such as service club projects, church activities, or grassroots political participation.

Well, there is a second thing I learned in the past year. Most of you and hundreds of our members already are very active in community service.

When we called for specific examples of physician community service for our celebration of Doctors and Their Families Make a Difference, we were inundated with incredible stories of giving; overseas medical missions, volunteering in free clinics, hospice work, Scouting, Big Brothers and Big Sisters.

On last October 28, we celebrated this giving spirit of physicians and their families during our first annual participation in National Make a Difference Day. We raised more than $3,000 for the MSMS Foundation that day during a tailgate party at the UM/MSU game. But most importantly, we highlighted the year-in and year-out unsung community activities of MSMS members and their families, both in MSMS publications and with the statewide media. This will become an annual MSMS event.

This year's date will be October 24. You will all be hearing much more about that soon.

I want to take just a minute to talk about the MSMS Foundation, another opportunity to give back to your community. At this House of Delegate each of you will receive a new prospectus labelled "LEGACY" encouraging your significant donations or bequests to the Foundation, which, in turn, provides grant support to health promotion projects in your communities throughout Michigan. Please take a moment to visit the MSMS Foundation booth and to sign up for the MSMS Foundation golf outing set for May 18 at the Country Club of Lansing.

Community service and making a difference also is an integral part of all of the activities of our Michigan State Medical Society.

I believe that protecting our patients from those who want to provide services beyond their scopes of practice is community service.

We face the perennial onslaught of bills on chiropractic, optometry and advance practice nurses.

Grassroots political activity by physicians and Alliance members to turn around Senate Bill 104 was overwhelming. Our "Virtual Rally," which was highly dependent on the effective use of new technologies, especially e-mail and faxes, proved that the medical community can have a huge impact on the political process. We made a difference.



Doctor Duhamel reflects on his year of "making a difference."

A similar grassroots effort may be required to get this bill through the House of Representatives in its current amended form which requires physician supervision.

And we definitely will need a concerted grassroots effort to elect Michigan Supreme Court Justices who will protect our hard-earned liability reforms. This year, a new organization, M-LAW (Michigan Lawsuit Abuse Watch), will be evaluating the Supreme Court candidates, based on their previous judicial history and relationships to the trial lawyers.

We also will be needing your help to interview, support and elect 64 brand new state representatives who will be friendly to medicine.

MSMS is making a difference with its commitment to open discussion and education about ethical issues. Our first Mackinac Island Conference on Bioethics, with the topic of physician assisted suicide, was very successful. The second annual Bioethics conference on October 2-4will be on ethical issues in managed care. That sounds like an oxymoron to me. I do urge all of you to attend.

I believe our commitment to educating physicians, nurses and other health care providers about Palliative Care with a series of conferences funded by the Michigan Department of Community Health falls into the category of community service and making a difference. Last week's initial conference was a resounding success with nearly 200 attendees.

The next one is scheduled for November 12 at the Novi Hilton. Save the date.

Helping our patients get the care they need and deserve by correcting a quirk in the 1979 ERISA law is community service. It will make

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Last year, Peter Duhamel challenged this profession into involvement in the community. Through "Doctors and Their Families Make a Difference," we learned about the far-reaching effects of our efforts in the community and the world.

This year I would like to complete the circle on involvement by increasing the activities of all of us in our profession. If external involvement is the ying, than internal involvement needs to be the yang, symmetrical, complementary, defining the whole. At times, this seems impossible, the pull of community, family, practice and profession taking in many directions. We each need to find our niche working the bigger picture. Not all of us need to be like the Martin Luther King's, out in front. We can also be the Rosa Parks, doing small deeds, but which are just as powerful.

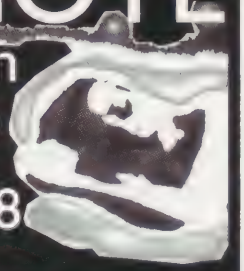
This year, let's all commit to getting one more colleague who is not a member, signed up to join us in this effort.

Let's get to know our medical society so well that we become great sales people for it and can discuss, rationally, the reasons for belonging. But let's carry that one step further and get our colleagues who are not as involved, to become more so, whether it's sending a fax to a legislator about an issue, or joining a state or county medical society committee. Think, just think of what we could be if everyone gave just a little time.

So, armed with the knowledge of our past, an activist, energetic, patient and profession-oriented past, and the dream of a revitalized profession, with the patient-physician relationship firmly at its core, let us today begin anew the journey of patient advocacy and a belief in the profession, enlisting our colleagues in this great endeavor. Come, walk and work with me in that effort this year. Please, come..... ■

October 2, 1998

KEYNOTE
Symposium
SLEEP
Medicine '98



TOPICS:
Sleep & the transportation industry
Insomnia
Pediatric sleep
Sleep related breathing disorders & cardiovascular complications
Sleep related breathing disorders & surgical updates
Sleep & erections
Narcolepsy

SPEAKERS:
renowned sleep specialists:
Allan I. Pack, M.B., ChB., Ph.D.
Howard P. Roffwarg, M.D.
Richard Ferber, M.D.
Shahrokh Javaheri, M.D.
Helmut S. Schmidt, M.D.
Markus H. Schmidt, M.D., Ph.D.

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a difference to thousands of our patients on denials of care. We are supporting bills in the Michigan legislature and working with the AMA on the federal level to fix ERISA.

MSMS is making a difference by working with U.S. Congressman John Dingell on a national Patient Bill of Rights, similar to the one MSMS spearheaded in Michigan along with the Michigan Partners for Patient Advocacy. We have met with Rep. Dingell in Washington and at the Wayne County Medical Society to discuss the bill he has introduced.

His bill would improve the rights of patients to chose their physicians, have an active part in their treatment decisions, and give them rights to appeal adverse decisions by the health plan. We've shown we can make a difference in Michigan, and now we will do it on the national level.

We are making a difference with health maintenance organizations through our Committee of HMO Medical Directors. We gave our input to a new common credentialing form developed by Doctor Marshall Katz, chair of this committee.

The goal is to have a common credentialing form used by the various hospitals, societies, health plans, physician organizations, and anybody else who requires credentialing.

Our E&M Documentation Coding seminars have made a difference to more than 1,300 physicians and their office staffs who have attended one of the 18 seminars already presented by MSMS.

Another 17 seminars are scheduled in the near future. We also are working with the AMA to let HCFA know about our problems with the new coding.

Our newly organized MSMS Center for Education and Leadership is making a difference with educational opportunities for individual physician members and our new Business Specialists Training program is working to help train your office staffs.

MSMS also recently committed itself to developing programs to help physicians provide provable quality health care under managed care constraints. Our Michigan Institute for Medical Quality (MIMQ) is a long-range commitment to quality and we believe it will make a difference for our members and our patients.

Our list of MSMS accomplishments and new goals can go on and on. I am heartened that MSMS is involved in just about every issue that is facing our profession and our patient today. We are making a difference.

During the past year I have visited more than 35 county medical society meetings, talking with all of you in the trenches who do the real work of our society. I have also had the proud honor to represent our members at the annual meetings of five neighboring state medical societies, and at four AMA meetings.

I had the pleasure to explain to all of them how it is that our MSMS has been increasing in membership and participation, while everyone else is declining.

My job this past year has been made much less difficult by the great support I have received from the MSMS staff, particularly Donna Brown, Dave Fox, Tom Plasman, and all of the great people up in East Lansing who are working hard for you every day.

And it would not have been possible for me to fulfill my duties as President without my chauffeur, my helpmate and my most severe critic, Lois Germain Duhamel.

John Kennedy once said "One person can make a difference. And every person should try."

As your President for the past year, I hope I have made a difference. Thank you. ■

Speaker's Report

House of Delegates Final Update on 1997 Resolutions

Dorothy M. Kahkonen, MD, Speaker
Paul O. Farr, MD, Vice Speaker

1-97A Title: HCFA Policy on Qualification for Home Health Services When Topical Medication Cannot be Administered by the Patient. Adopted as Amended.

This resolution asked the Michigan Delegation to the AMA to ask the AMA to use reasonable and appropriate measures to change HCFA policy to include topical medications, including eye drops, in the definition of skilled care. The resolution also asked the Michigan Delegation to the AMA to ask the AMA to inform the public of the potential negative consequences of current HCFA policy.

Early in October, the Michigan Delegation forwarded this resolution by letter to the Executive Vice President of the AMA. The resolution was referred to the AMA Council on Medical Service whose secretary, Rob Otten, reports that the Council will bring a report of action to the 1998 AMA House of Delegates.

2-97A Title: Medical Policy Regarding Payment for Diagnostic Medical Tests. Substitute Resolution (in lieu of Resolutions 2-97A and 18-97A). Adopted.

The resolution asked MSMS to pursue policies allowing Medicare payment for diagnostic tests at a frequency deemed necessary by the beneficiary's physician.

The MSMS Liaison Committee with Third Party Payers solicited examples of Medicare carrier policy interference with diagnostic tests. To date, no specific examples have been brought to the attention of the committee. New policies for reporting and responsibility to inform patients when Medicare may not pay for services will likely generate examples. MSMS representatives to the Medicare Carrier Advisory Committee will continue to identify carrier policies that interfere with appropriate ordering of diagnostic tests.

The resolution also called for the Michigan Delegation to the AMA to ask the AMA to support revision of HCFA policy denying payment for diagnostic medical tests deemed necessary by the patient's physician and that are within generally accepted practice standards. It also sought AMA support of Medicare carrier mandates to advise patients that such denials are HCFA policy and the government practice of medicine.

MSMS AMA Delegation Chair, Billy Ben Baumann, MD, wrote the executive vice president of the AMA to inform him of these requests. This resolution has been referred to the AMA Council on Medical Service. A report on any action taken is expected at the 1998 AMA House of Delegates.

3-97A Title: Michigan Medicaid Physician Fee Schedule Update. Approved.

The resolution asked that MSMS take steps to bring Medicaid physician payments to within 10 percent of the Medicare payment schedule.

MSMS advocated for increased payment for physician services in 1997 and will do so again as the state budget process for 1999 continues. Despite considerable effort to seek major payment increases, physicians continue to feel the strain of inadequate funding for services to Medicaid patients. Currently, MSMS participates in a coalition of providers and health plans which is advocating for Medicaid program funding. Meanwhile, Medicaid continues its transition to managed care.

4-97A Title: Governor's Update on Michigan Medicaid Payments to Physicians. Approved.

This resolution asked that MSMS request a conference with Governor Engler to resolve the Michigan Medicaid physician fee schedule and that MSMS actively seek inclusion in Governor Engler's future budget proposals more equitable reimbursements to physicians.

The members of the MSMS Medicaid Liaison Committee and MSMS staff have discussed strategies with state government officials for 1998-99 state budget appropriations process. As Medicaid shifts across the state, MSMS is partnering with the Michigan Association of Health Plans on increasing reimbursement for physicians who treat Medicaid patients.

5-97A Title: Amendments to the MSMS Hospital Medical Staff Section Bylaws. Adopted - Immediately with a 75 percent vote.

The MSMS House of Delegates amended the MSMS Hospital Medical Staff bylaws and MSMS bylaws by changing the name of the MSMS Hospital Medical Staff Section to the MSMS Organized Medical Staff Section.

6-97A Title: Common Physician Credentialing Form. Approved.

This resolution asked MSMS to endorse and to support efforts of the Professional Credential Verification Service Inc. ,in developing and/or coordinating the development of common physician credentialing applications. This resolution also asked that MSMS encourage hospitals and managed care organizations to use PCVS services.

The MSMS Department of Physician Hospital Relations and Professional Credential Verification Service Inc., staff have been working on a common physician application in the Grand Rapids area with eight hospitals and two health care plans. They are doing the same in Lansing with four hospitals and four health care plans, in conjunction with the Michigan Association of Health Plans. Together the group developed a common credentialing application and received the endorsement of 21 health care plans, as well as the MSMS Board of Directors and the Michigan Osteopathic Association Board of Directors. The organizations have been made aware of the services of PCVS services and have been urged to use them in tandem with the common physician credentialing application.

7-97A Title: Corporate Affiliated Physicians. Adopted As Amended.

This resolution called for MSMS to encourage all corporate affiliated physicians to get involved in contract negotiations pertaining to capitation, global billing, and actual fees. The resolution also called for MSMS to encourage the Michigan Health and Hospital Association to recommend to its members that corporate affiliated physicians get involved in contract negotiations.

This resolution was discussed by the MSMS Corporate Affiliated Physicians Committee. Various clinical, administrative and industrial groups of corporate affiliated physicians were contacted and urged to get involved in contractual negotiations.The resolution also was presented to the Michigan Health and Hospital Association Council of Physicians, which responded that physicians should be included as partners in the decision-making process. However, there is evidence that many hospitals already may give their physicians adequate opportunity to review proposed contracts. MSMS and MHHA together will continue to encourage collaboration, not competition, between hospitals and physicians.

8-97A Title: State Licensing Board Requirements for Temporary Licenses. No Action.

9-97A Title: Reduction of Privileges Because of Activities Unrelated to Medical Practice. Adopted.

This resolution called for MSMS to condemn any action taken by hospital administrations and/or boards of directors to reduce or to withdraw privileges of medical staff members based on activities unrelated to professional competence, conduct, or ethics.

This resolution was taken to the Michigan Health and Hospital Association Council on Physicians where two groups discussed it and submitted it to the MHHA Board of Directors for review. MHHA responded that, "while arbitrary reduction of privileges is viewed as inappropriate, physicians must be stewards of limited health care resources and, thus, have an obligation to avoid unnecessary over-utilization." MSMS and MHHA will continue to research in the area of outcomes data so that wide variances in medical practice can be addressed and appropriate standards of care can be established.



Dorothy M. Kahkonen, MD, MSMS speaker presides over the House of Delegates resolution discussion.



Paul O. Farr, MD, MSMS vice speaker monitors floor discussion during Sunday's activities.

10-97A Title: Development of Guidelines for Medical Staff Participation. Adopted As Amended.

This resolution asked that MSMS continue to study the impact of hospital affiliations and mergers on their respective medical staff organizations and that MSMS Organized Medical Staff Section members report to the MSM OMSS Governing Council at its 1998 annual meeting.

The MSMS/OMSS, in cooperation with the MSMS Physician Executive Organization, conducted a special joint meeting of the Physician Executive Organization on November 21, 1997. There was a special presentation pertaining to intra-city and inter-city mergers of hospitals and effects on medical staffs. A large standing-room only audience of physicians and interested persons from hospital boards and administrations attended.

In addition, during the March 6, 1998 meeting of the MSMS OMSS Governing Council, there was extensive discussion about hospital mergers and their effects on medical staffs.

Although each hospital medical staff is eligible for one representative and one alternate representative, several Michigan mergers have raised the question of representation following a merger. For example, the Lakeland Health System merge resulted in reduction of four hospital medical staffs into one. The Detroit Medical Center is undertaking the same medical staff unification. Should mergers result in reduction of the number of representatives and alternate representatives, or should a medical staff be permitted to have representatives from each facility regardless of the fact that there is one medical staff in multiple facilities serving as one business entity. The MSMS OMSS Governing Council determined that physicians wishing to serve as representatives reflecting the interests of a specific facility be encouraged to attend, and that out of the one representative/one alternate representative per medical staff would not apply in the situation of multi-location facilities and one medical staff.

11-97A Title: Elimination of Medical Staff Membership/ Privileges as a Required Qualification for Participation in a Managed Care Contract Panel. Approved

This resolution asked that MSMS ask the Professional Credential Verification Services, Inc., to credential physicians who do not maintain medical staff membership/privileges.

The Professional Credential Verification Services, Inc., in its guidelines and standards documentation for survey and certification by the National Committee for Quality Assurance, states the following:

"Products and Services. PCVS will provide full credentialing verification services for all licensed and/or certified health professions, as well as license verification services for all licensed and/or certified health professionals. This includes physicians, licensed independent practitioners, allied health professionals and managed behavioral health care practitioners…

As further evidence of PCVS willingness to credential physicians regardless of their membership or privileges with Michigan medical staffs, PCVS entered an arrangement with Medical Opportunities in Michigan, a program of the Michigan Health Council.

PCVS has a link on the MOM interactive Web site so that physicians or allied health professionals seeking MOM assistance also have the opportunity to obtain PCVS services for initial credentialing verifications. Practitioners either may complete the credentialing application on the Web page or may request a hard copy application. The Practitioners then present PCVS verified credentials to organizations of choice. Advantages of this program: Doctors will present applications prepared by PCVS, a recognized credential verification organization, which show the doctor's complete information necessary to be considered for medical staff or provider membership. On request, the organization's medical staff offices will receive an "original" initial credentialing application completed by PCVS at no charge to the organization. This process saves time. Verifying credentials may take as long as 60 days. With a PCVS-verified application, this 60-day waiting period is eliminated and the physician can initiate his/her practice as soon as the organization's board of directors approves membership.

12-97A Title: Qualifications for Position of Chief of the Medical Staff. Adopted.

This resolution called on MSMS to reaffirm its policy that the organized medical staff is an autonomous body responsible for establishing a candidate slate and electing its own officers. It also called upon MSMS to encourage medical staffs to include in their bylaws a provision that all physicians be eligible for election to medical staff unless the physician serves in a major medical administrative position at the hospital.

This resolution was discussed by the members of the MSMS Organized Medical Staff Section Governing Council and with OMSS representatives. In addition, this matter was called to the attention of the Michigan Health and Hospital Association. MHHA stated concerns that this resolution may not adequately reflect contemporary realities, since a growing number of physicians are employed by hospitals and it may be unreasonable to exclude talented individuals from the candidate pool.

13-97A Title: Labeling of Foods with L-Glutamic Acid. Approved.

This resolution called for MSMS to ask the AMA to seek a mandate for labeling all foods containing even small amounts of free glutamic acid (MSG), so that persons allergic to MSG may avoid any amount of the substance.

The Michigan Delegation to the AMA introduced this resolution at the December, 1997 AMA Interim Meeting, where a substitute resolution was adopted. The substitute calls on the AMA to review the forthcoming proposed FDA rule to establish requirements for label information about the free glutamic content of foods and respond appropriately.

14-97A Title: The Responsibility of Managed Care Organizations to Explain Health Care Contracts. Adopted As Amended.

This resolution asked that MSMS seek legislation to require all health insurance and managed care plans to explain honestly, and in clear and familiar terms, all pertinent information about a health plan to prospective purchasers and enrollees.

MSMS and the Michigan Partners for Patient Advocacy Coalition successfully passed the Michigan Patient Bill of Rights in 1997. The legislation took effect October 1, 1997 and requires disclosure to patients information about benefits, coverage limits and coverage exclusions. MSMS now is working with the AMA to secure passage of similar legislation at the federal level.

15-97A Title: Physician Organizations/Physician Hospital Organizations (POs/PHOs), Michigan Medical Advantage (MMA Cooperation. Approved.

This resolution asked that MSMS encourage physician organizations/physician hospital organizations (POs/PHOs), to cooperate with Michigan Medical Advantage (MMA) in strategizing development of cost-effective outsourcing of some services and assistance programs, development of PO/PHO revenue sources, and management oversight and review programs for POs/PHOs.

MSMS has featured Michigan Medical Advantage staff at seminars and educational programs for physicians, promoting their expertise in contracting, capitation and other managed care services. A late April session on National Council for Quality Assurance certification for physician organizations will feature information on MMA resources to assist physicians. Information about MMA is routinely included in MSMS mailings to physician organizations.

16-97A Title: Aging of Surgical Claims by Third Party Carriers. Adopted as Amended.

The resolution asked MSMS to review delays in payment of claims and to take steps to assure that claims are paid in a timely fashion. To evaluate the many reasons why payments are delayed, MSMS conducted a survey on groups routinely delinquent in paying claims and/or unanswering appeals. The next step is to obtain more detail for pursuing change with these payers. MSMS initiated contact with two of the payers identified in the survey.

MSMS also initiated development of state legislation to address claims reporting and payment procedures. Legislation was introduced to require Blue Cross Blue Shield of Michigan to pay interest on clean claims and to broaden the definition of a "clean" claim. Sponsors of the legislation plan to pursue similar measures with other health plans.

17-97A Title: Managed Care Contracts. No Action.

18-97A Title: Health Care Financing Administration (HCFA) Blood Test Policies. Substitute Resolution (in lieu of Resolutions 2-97A and 18-97A) See Resolution 2-97A. Adopted.

19-97A Title: Professional Review Organization Peer Review. Adopted As Amended.

The resolution asked MSMS to recommend that professional review be based on guidelines developed by national specialty societies.

MSMS developed principles for practice guidelines, which suggest standards for use of guidelines in professional review. The principles emphasize the importance of evidence-based guidelines and incorporation of national resources in their development. Representatives of health plans and peer review organizations now are part of the steering committee of the new MSMS Michigan Institute for Medical Quality, through which these principles will be distributed.

20-97A Title: MSMS To Evaluate Health Insurance Products. Referred to the Board for Study

This resolution asked that MSMS enhance its health plan evaluation through inclusion of patient and physician satisfaction information and through use of

quality information. Because of the potential costs associated with this expansion, the resolution was referred to the MSMS Board of Directors for study. Issues surrounding expansion of the evaluation were discussed both in the MSMS Liaison Committee and in the Third party Payers and the MSMS Advisory Committee on Medical Economics.

Last fall, the board learned about the Quality Catalyst Program, a joint project of the MedState Group, J. D. Powers and Associates and the New England Medical Center. The project collects patient and physician satisfaction data for health plans in selected geographic markets. The 1998 surveys will include the greater metropolitan Detroit area, Lansing, Grand Rapids, Muskegon and Holland. The Availability of the survey's information, which will compare Michigan markets to others throughout the nation, provides an excellent opportunity to enhance the society's health plan evaluation. MSMS met with MedStat to discuss opportunities, and MedStat can provide individual reports on individual Michigan plans, which MSMS can sell to members on request. Since MSMS does not have the capacity to survey plan members, nor the financial resources to conduct and to analyze a credible survey of physician satisfaction, the MedStat survey offers a worthwhile alternative.

The uniformity of health plan information reported to the state has improved tremendously since MSMS began its evaluations process. All plans now report selected quality indicators using the same measures and format. This information can easily be summarized for MSMS members in the next MSMS Evaluation of Health Plans.

21-97A Title: Health Insurance Services. Referred to the Board for Study.

The resolution requested MSMS to develop a service to negotiate insurance contracts for the public.

The MSMS House of Delegates referred the resolution to the MSMS Board of Directors for study, who referred it to the MSMS Advisory Committee on Medical Economics. Committee discussion of the resolution focused on the most appropriate use of MSMS resources. Committee consensus was that negotiating health insurance contracts for patients is not a suitable role for MSMS. Employee organizations, consumer organizations an other advocacy groups already are recognized sources of negotiating assistance. The committee believes that MSMS should instead focus on maintaining excellent resources for members use to answer patient questions and on providing general education and advocacy for patients. The committee reviewed available resources for patients and identified steps that MSMS can take to improve consumer understanding of health insurance plans.

In 1996, MSMS developed a brochure for patients, in connection with its Evaluation of Michigan Health Plans. MSMS distributed nearly 30,000 copies of the brochure during 1996 and 1997. Distribution was through member offices and through groups participating in the Michigan Partners for Patient Advocacy, a patient-group coalition formed to support passing of the Michigan Patient Protection Act.

Several public agencies also produce information for patients, and MSMS refers patients with questions to appropriate agencies. Nationally, the Health Care Financing Administration offers several comprehensive publications. Quantities are free of charge. The national publications generally are available on government Web sites and offer unbiased information to patients with questions.

Knowing that physicians are sources of advice to patients about health insurance, MSMS needs to provide members with comprehensive information about regulations, contract provisions and benefits which doctors then can translate into helpful information for patients. Next steps include: Revising the 1996 brochure to incorporate new information on the Michigan Patient Bill of Rights; information regarding Medicaid and Medicare managed care and ideas from other publications on these topics; using our Website to provide information from MSMS on choosing a health plan; to share phone numbers of government agencies to call when problems occur, and to provide links to government sites with additional details.

Further refining of the MSMS Evaluation of Health Plans will include information on contracting and other issues that affect physician/patient relations and continuing to provide information from the health plan evaluation at public forums and community meetings.

22-97A Title: Immunity from Civil or Criminal Liability for Reporting Suspected Acts of Domestic Violence. Reaffirmed Existing Policy. (Although already current policy, the committee received positive testimony and wished to further endorse the intent of the resolution)

This resolution asked that MSMS seek legislation to enact a law to provide immunity to any health care provider who, in good faith, reports to law enforcement agencies a suspected case of domestic violence inflicted on an adult.

The Michigan law mandates every hospital, pharmacy and physician who have under their charge or care any person suffering from any wound or injury, inflicted by a knife, gun, pistol, or other deadly weapon, or by other means of violence, report this to law enforcement agencies. In addition, Michigan protects health care providers from liability in cases of child abuse reporting. The Domestic Violence Prevention and Treatment Board recommended that a good faith immunity law be passed similar to the law protecting health care providers from liability in cases of child abuse reporting.

Current Michigan law states that a person employed or certified to provide health or human services who has reasonable cause to believe that an adult has been abused, neglected, or exploited, must make immediate oral reports, by telephone or otherwise, to the department of social services of the county in which the conduct is suspected to have occurred. The person subsequently may file a written report with the county department. Reports shall not be considered a violation of the physician-patient privilege. An "adult" means a vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected or exploited. "Vulnerable" means a condition in which an adult is unable to protect himself or herself from abuse, neglect or exploitation because of mental or physical impairment or because of advanced age." Current law also states that failure to report may result in civil liability, as well as a fine of not more than $500.00.

Although current law does protect a person employed or certified to provide health or human services, MSMS will continue to seek legislation that more directly addresses the intent of this resolution.

23-97A Title: Hospital Billing on Behalf of Physicians Adopted.

This resolution asked the Michigan Delegation to the AMA to ask the AMA to study and to report back the amount of physician billings hospitals typically fail to collect, the accuracy of the billings and the amount of coding hospitals do on behalf of physicians.

This resolution was introduced at the 1997 Interim Meeting of the AMA House of Delegates, where it was referred to the of the AMA Board of Trustees for further study. Although most of those testifying supported the sentiments and concept of the resolution, there was considerable concern raised regarding the feasibility of obtaining proprietary hospital billing information. Concerns were also raised regarding the fact that some physicians continue to sign contracts and agreements that allow others to control their billing and collections, sometimes causing untoward effects.

The AMA House of Delegates is also concerned with potential issues concerning fraud and abuse when hospitals and MSO's bill on behalf of a physician. Because of these concerns, this resolution was referred to the AMA Board of Trustees for examination of these issues with a report coming either before the AMA Annual meeting in June or at the June meeting.

24-97A Title: No Cardiopulmonary Resuscitation (CPR) Orders in An Adult Foster Care and Assisted Living Settings. Adopted as Amended.

This resolution called for MSMS to work with the Michigan Department of Consumer and Industry Services to implement the current laws governing do-not-resuscitate orders for residents of adult foster care facilities, as delineated in Public Act 218 of 1979 (Adult Foster Care Facility Licensing Act) and revisions made in Acts 192, 193, and 194 of Public Actions of 1996. It also urged MSMS, through its Committee on Aging, to continue investigating current policies/laws applying to do-not-resuscitate orders, as well as to other advanced directives for health care concerning residents of nursing homes, adult foster care facilities and other non-hospital settings.

Public Acts 192, 193 and 194 of 1996 took effect August 1, 1996. Prior to this, adult foster care (AFC) providers were obligated to obtain medical treatment for any resident who suffered a deterioration in medical condition, regardless of the resident's advance directives. The Michigan law now allows for residents to document their wishes on resuscitation if vital signs cease. AFC providers may contact Hospice providers who then can determine appropriate action. If AFC providers follow these guidelines, they then are complying with statutory requirements to provide protection to residents. These clarifications regarding do-not-resuscitate status were developed because, in Michigan, do-not-resuscitate actions pertain only to actions of health care professionals and, thus, do not apply to AFC staff. The Durable Power of Attorney for Health Care Act (Public Act 312 of 1990) allows medical facilities to honor advance directives, but does not apply to AFC home/assisted-living centers.

25-97A Title: Dues. Adopted as Amended.

This resolution asked MSMS to make a major effort to persuade physician employers to allocate $2,000 for professional development, $1,300 of which must be spent on county medical society, state medical society and AMA dues.

This resolution was reviewed and discussed by the MSMS Committee of Corporate Affiliated Physicians. It was determined the best way in which this matter could be made known to physicians and their employers was to request an article be written for Michigan Medicine. This article will include sidebar

articles from General Motors, Ford Motor and Henry Ford Hospital regarding their position of value from corporate physician participation in organized medicine. Reprints of these articles would then be sent to all corporations employing physicians. It is anticipate this Michigan Medicine article will be written late summer.

The second resolved directed the Michigan Delegation to ask the AMA to ask the AMA to make a major effort to persuade physician employers to allocate at least $2,000 for physician professional development, $1,300 of which must be spent on county medical society, state medical society and AMA dues.

The delegation introduced this resolution to the AMA House of Delegates at the 1997 AMA Annual Meeting in June. The AMA House amended it to call on the AMA to make a major effort to persuade physician employers to allocate funds for professional development and federation dues. The AMA House then passed the amended resolution.

26-97A Title: Davis Rules of Order. Approved.

This resolution asked MSMS to provide each member of the MSMS House of Delegates either with an explanation of the differences between the Davis Rules of Order and the Roberts Rules of Order, or with a summary of the Davis Rules and Order.

MSMS provides in its Delegate Handbook a special section called "Parliamentary Procedure." In this section the Davis principles, Davis Dozen Directives, the Davis rules for motions with precedence and their rank, and two tables listing the rules governing motions and requests are provided. MSMS House of Delegates Speaker, Dorothy M. Kahkonen, MD, determined that this is the basic information of Davis Rules of Order needed to assist any delegate with parliamentary procedure during the House of Delegates meeting and during any committee meeting.

27-97A Title: Headlight Vehicle Legislation. No Action.

28-97A Title: MSMS Constitution and Bylaws Description for Delegates. No Action.

29-97A Title: Utilization Review is the Practice Of Medicine. Adopted As Amended.

This resolution asked that MSMS pursue appropriate measures, including legislation, to declare that only licensed practicing physicians in the same specialties as those physicians being reviewed, perform those reviews.

MSMS initiated legislation on several aspects of utilization review. The legislation includes a requirement for review to be done by practicing physicians of the same specialties as being reviewed. MSMS also monitors court cases on this matter, as some states are pursuing actions against health plans for practicing of medicine without a license.

30-97A Title: MSMS Secretary and Treasurer. Substitute Board

Action Report #8 (in lieu of Board Action Report #8, Resolutions 30-97A and 31-97A). See Board Action Report #8.

31-97A Title: MSMS Assistant Secretary and Assistant

Treasurer. Substitute Board Action Report #8 (in lieu of Board Report #8, Resolutions 30-97A and 31-97A). See Board Action Report #8.

32-97A Title: Abolition of Wayne and Outstate Caucuses. No Action.

33-97A Title: Establishment of an Advisory Council to the MSMS Board of Directors. No Action.

34-97A Title: Notification of Open and Expiring MSMS Positions. Approved.

This resolution asked that MSMS inform all component medical societies about open and expiring MSMS positions and offices following the mid-summer MSMS Board of Directors meeting, including notification in Medigram.

MSMS began its 1998 election process August 1, 1997, by polling all incumbent officeholders whose terms expire at the 1998 House of Delegates to see if they will or not run for their offices they hold. Once the information was received, MSMS notified all county medical societies, as well as the MSMS Board of Directors, Michigan Delegation to the AMA, specialty society presidents and section chairs, about open and expiring MSMS offices. This included notification in Medigram from September 1997 through March 1998.

35-97A Title: Removal of Tobacco Stocks from MSMS Portfolio. Approved.

This resolution asked that MSMS not purchase any company stocks from companies that manufacture or sell tobacco products.

The MSMS Department of Finance and Member Services has informed all MSMS money managers of the MSMS policy not to purchase stocks from companies that manufacture or sell tobacco products. MSMS also directed the money managers to limit the investment in mutual funds that own tobacco stocks.

36-97A Title: MSMS Community Service Awards Presentation. Adopted as Amended.

This resolution asked that MSMS recognize the recipients of the MSMS Community Service Awards by reading awardee names at the MSMS House of Delegates Meeting and to give recognition at the local level.

Speaker of the MSMS House of Delegates, Dorothy M. Kahkonen, will read the names of the MSMS members who have been selected to receive MSMS community service awards at the May, 1998 House of Delegates. The awards will be given at county medical society meetings during the year. .

37-97A Title: Availability of Information and Reports to the MSMS Board of Directors. No Action.

38-97A Title: Practice Management Resources. Adopted as Amended.

The resolution asked that MSMS promote the availability of practice management services to young physicians and to newly licensed physicians.

Several practice management services are available through MSMS and the newly formed Michigan Medical Advantage. Seminars on coding and documentation, risk management, capitation and other business topics were offered throughout the year and promoted through all MSMS communication vehicles. This year, MSMS launched the Medical Business Specialist program, offering training for new medical office staff. This program will be especially helpful to new physicians.

A list of practice management resources is published in the MSMS Pocket Guide to Evaluation and Management Codes. Although the pocket guide is sold to members, MSMS provides a complimentary copy to newly licensed physicians as a useful overview of the resources available through MSMS.

39-97A Title: Young Physicians Section Newsletter/Communications. Approved.

This resolution asked that MSMS develop a newsletter for young physicians that would discuss activities and issues of interest to young physicians and that it also be made available electronically as well.

In the past year, MSMS has developed two issues of "Section News." This newsletter included information about the MSMS Young Physicians Section, as well as news and other updates on the MSMS Section for International Medical Graduates, the MSMS Organized Medical Staff Section, The Resident Physician's Section and the MSMS Medical Student Section. "Section News" will be published three times a year and can be found bound into editions of Michigan Medicine. Staff also is redesigning the MSMS Web site and soon will have the "Section News" available on line as well.

40-97A Title: Term Limits for the Michigan Delegation to the AMA. No Action.

41-97A Title: MSMS Section on Group Practice. Not Adopted.

42-97A Title: Tax Deductions for Those Who Provide Indigent Care. No Action.

43-97A Title: The Study of Alternative Medicine. Adopted as Amended.

This resolution asked that MSMS use existing communication vehicles to report about resources on alternative medicine including profiles of legitimate Michigan medical practitioners using alternative therapies, particularly as they relate to chronic diseases.

The May 1998, cover story for Michigan Medicine, will focus on alternative medicine. In preparation, the editors are researching legitimate Michigan resources and will consult with specialty societies and the AMA in order to present the most accurate and comprehensive information available to date. The resulting articles will be made available through additional vehicles, including the MSMS Website, and links to legitimate sites on the subject. A bulletin board will be developed to encourage feedback on the topic. The material will be available via the MSMS FaxBack service, as well.

44-97A Title: MSMS Support for Prudent Lay Person Legislation. Approved.

This resolution asked that MSMS fully support and endorse House Bill 4080, on prudent lay persons and send physician leaders to testify before the appropriate legislative committees.

MSMS has worked closely with the Michigan College of Emergency Physi-

cians and the Michigan Partners for Patient Advocacy to seek passage of House Bill 4080 which requires health plans to cover emergency services based on signs and symptoms presented and not on final diagnosis. This legislation, was introduced by Representative Penny Crissman (R-Rochester Hills), and recently was signed into law by Governor John Engler. MSMS worked closely with other organizations to advocate the passage. It is important to note that other bills were introduced requiring the same coverage policies by Blue Cross Blue Shield of Michigan and private insurance companies. Those bills currently are pending in the Senate Health Policy Committee.

45-97A Title: Young Physicians Section (YPS) Representation on the Michigan Delegation to the AMA. Referred to the Board for Study.

This resolution asked that MSMS create one Young Physician Section (YPS) Delegate and one YPS Alternate Delegate position on the MSMS Delegation to the AMA.

The MSMS Board of Directors referred this resolution to the MSMS Governance Task Force. The Task Force considered HOD Resolution 45-97A and agreed that slotting a seat on the Michigan Delegation to the AMA for a young physician was not appropriate for a number of reasons. The Task Force was concerned that by slotting a seat, a young physician would have to give up that seat at age 40, resulting in a diminution of the Delegation's institutional knowledge and power with the AMA; that other young physicians may be precluded from seeking a seat on the AMA Delegation because of the slotted seat; and that seats on the Delegation already are open to all MSMS members. Additionally, the Task Force stood by Recommendation Three in the 1997 Board Report #8 approved by the House which states that "no changes be made in the AMA Delegation election process at this time, but that the process be reviewed again prior to the 2000 House of Delegates."

46-97A Title: Increasing International Medical Graduates Membership in MSMS and in the AMA. Approved.

This resolution asked that MSMS provide a cogent, detailed and visible synopsis of the section's successes and that MSMS create an event during which International Medical Graduates have an opportunity to discuss how to enhance IMG section growth.

The history of the MSMS Section for International Medical Graduates is updated annually. It most recently was updated for the Section's 10th anniversary. The history was listed in the section's commemorative brochure, and the information will be used to promote the section to new members.

During November 1997, one focus group meeting was held in Frankenmuth. All IMGs in Saginaw County were invited to attend, resulting in 40 attendees.

Focus groups will continue to meet in the future centering their attention on increasing new members for their membership.

47-97A Title: Clarifying AMA Policy on Residency Selection Medical Graduates. Substitute Resolution (in lieu of 47-97A and 54-97A). Adopted.

This resolution called on the Michigan Delegation to the AMA to seek AMA reaffirmation of policy that requires resident selection based on merit without regard to race, color, creed or country of medical training, when the applicant has satisfied all current legal and regulatory requirements for medical practice in the United States. It also asked the Michigan Delegation to urge the AMA Board to act in the interests of all AMA members.

The Michigan delegation took this resolution to the June, 1997 AMA Annual meeting which reaffirmed existing policy in lieu of the resolution. The reaffirmed policy states that all physicians and medical students: should be evaluated for entry into graduate medical education based on individual qualifications, skills and character; says that hospitals and residency programs should use qualifications as a basis for filling available positions, and not use status of the Medicare component to GME funding; that graduate medical education is an essential component of all physician education, though in a time of budget, preference should go to funding U. S. medical graduates, and encourages medical school admissions officers and residency program directors to consider applicants on the basis of merit without considering ethnic name as a negative factor.

48-97A Title: Include Country of Medical Education in AMA's Proposed Patient Protection and Fairness in Health Care Acts. Approved.

This resolution directed the Michigan Delegation to the AMA to request that the AMA insert the phrase, "country of medical education" in all appropriate places of the proposed Patient Protection Act.

The Michigan Delegation introduced this resolution at the AMA Annual meeting in June 1997, where it was adopted outright.

49-97A Title: Request the AMA to Encourage IMG Sections at all State Medical Associations. Approved.

This resolution directed the Michigan delegation to request that the AMA urge all state medical associations to form sections for international medical graduates.

The delegation introduced the resolution at the June AMA annual meeting, where the AMA House of Delegates adopted an amended version encouraging involvement of IMGs in state medical associations.

50-97A Title: MSMS Nominate Busharat Ahmad, MD, to Initial Governing Council of the AMA's IMG Section. Approved.

This resolution asked that MSMS nominate Busharat Ahmad, MD, to the initial Governing Council of the AMA's International Medical Graduates (IMG) Section for the one year appointment that has been authorized by the AMA House of Delegates when nominations are called for.

MSMS immediately following the AMA's creation of the IMG Section in June by nominating Doctor Ahmad to the IMG Section Governing Council. The AMA named him to the Council and, in August of 1997, the Council elected him its first chair.

51-97A Title: Ban on Land Mines. Approved.

This resolution directed the Michigan Delegation to the AMA to ask the AMA to work with the U. S. mission at the United Nations to ban the manufacturing, trade and use of all land mines.

The Michigan delegation introduced this resolution at the AMA annual meeting in June, where a special symposium was held on the topic of banning land mines throughout the world. The AMA House of Delegates adopted this resolution.

52-97A Title: International Medical Graduate (IMG) Community Service Award. Disapproved.

53-97A Title: Establish the Number of Graduate Medical Education Positions to Fit the Needs of the USA. Substitute Resolution. Adopted.

This resolution called on the Michigan Delegation to the AMA to ask the AMA to establish the appropriate number of graduate medical education positions to fit the need of this country.

The delegates passed the resolution with the belief that the AMA could better establish the correct number of GME positions than could nonmedical, government organizations.

The Michigan Delegation introduced this resolution at the AMA annual meeting in June 1997, where it was considered with four other resolutions and one Board report. The AMA House of Delegates reaffirmed a recommendation for a new public/private sector physician workforce advisory body and filed the rest of the report, in lieu of the resolutions, with a request for the board to report back at the AMA 1997 Interim Meeting in December. At the Interim meeting, the AMA House of Delegates approved a high priority for public-private sector workforce oversight advisory group to address issues of appropriate graduate medical education positions in the United States.

54-97A Title: Consensus Statement on the Physician Work Force. Substitute Resolution (in lieu of Resolutions 47-97A and 54-97A). See Resolution 47-97A. Adopted.

55-97A Title: Require Mandatory Immunizations Coverage for Insurance Companies. Adopted as Amended.

The resolution asked MSMS to support measures for coverage of immunizations by third-party payers.

While MSMS continues to promote full coverage for immunization services, many large self-insured employers choose not to provide the coverage for their employees. A new MSMS Liaison Committee with General Motors will discuss initiatives related to prevention, and immunizations will be a priority agenda item for those discussions.

56-97A Title: New Membership Category. No Action.

57-97A Title: Managed Care and Medical Education Funding. Referred to the Board for Study.

58-97A Title: Routine Premarital HIV Testing. Adopted as Amended.

This resolution asked the Michigan Delegation to the AMA to ask the AMA to push for required premarital HIV testing policy. The Michigan delegation introduced this resolution at the December, 1997 Interim meeting of the AMA House of Delegates where it was not adopted. There was strong testimony in opposition to this resolution. A Center for Disease Control representative tes-

tified that more false positives would be detected by first and second screens than by true positives. Thus, the low detection rate would not make this screening cost-effective. In addition, the psycho-social impact of false positives is devastating, delegates testified, and an of Illinois project proved the disastrous outcome of such a program.

59-97A Title: Physician Assistants and Controlled Substances Approved.

The resolution asked that MSMS investigate changes in Michigan Board of Medicine administrative rules so that physician assistants can write orders for controlled substances in the hospitals on verbal orders of collaborating physicians. The second resolved directs the Michigan Delegation to the AMA to ask the AMA to investigate national changes to allow physician assistants to write orders for controlled substances in the hospital setting upon verbal order of the collaborating physician.

The Michigan Board of Medicine and the Michigan Board of Osteopathic Medicine and Surgery currently are reviewing this issue. These two boards will convene a hearing in late June. MSMS will continue to monitor this situation.

This resolution was introduced by the Michigan delegation at the 1997 interim meeting of the AMA House, where it was not adopted. Despite testimony by the sponsor that this resolution was not intended to affect a physician assistant's scope of practice, the AMA House was not convinced. Some were concerned that this was a local hospital or state issue not best served by AMA's involvement.

60-97A Title: Phillip Morris and Marketing to Teens and Young Adults. Approved.

This resolution asked the Michigan Delegation to the AMA to ask the AMA to seek legislation that would make it illegal nationwide to distribute cigarettes with other products.

The Michigan delegation introduced this resolution at the June, 1997 AMA annual meeting where the AMA House of Delegates reaffirmed existing policy in lieu of the resolution. Current AMA policy opposes distribution of free tobacco products by any means.

61-97A Title: HIV Blood Test Without Informed Consent. Reaffirmed Existing Policy. (Current AMA and MSMS policy but the committee wanted to record it's support of this issue).

This resolution asked that MSMS and the AMA adopt a policy that HIV testing no longer require informed consent with safeguards to protect the confidentiality of HIV test results.

HIV Blood Test Without Informed Consent is current MSMS policy. MSMS will reaffirm this existing policy in the MSMS Policy Manual. The Michigan Delegation to the AMA introduced this resolution at the December interim meeting of the AMA House of Delegates. It was not adopted, as there was overwhelming testimony in opposing this resolution's intent. In addition, existing AMA policy opposes this position.

62-97A Title: Safety of Great Lakes Fish. Adopted as Amended.

The resolution asked that MSMS request from Governor Engler and the Michigan Environmental Science Board scientific evidence regarding the federal Environmental Protection Agency's recommendations relative to the dangers of Great Lakes fish consumption.

The MSMS Committee on Michigan Public Health created a task force to review the 1993 Great Lakes Sport Fish Advisory Protocol, as well as Michigan's Approach to Fish Advisories. The MSMS Board of Directors approved the action report, which recommends clear communication on safe human levels of fish consumption, as well as the health benefits of eating fish.

63-97A Title: Required Physician Visits for Patient in Seclusion or in Restraints. Adopted as Amended.

This resolution asked that MSMS seek revisions to the Mental Health Code so that assessment and management of hospitalized patient's in seclusion or restraints require no more than once daily face-to-face assessment by the patient's physician unless individual conditions warrant additional visits.

The MSMS Mental Health Liaison Committee and the Michigan Psychiatric Society continue to work closely with the Michigan Department of Community Health to seek a revision to the mental health code to require daily face-to-face assessment of patients as a prerequisite for patient seclusion or restraints to keep a patient in seclusion or restraints.

64-97A Title: Evaluation of Managed Care as a Replacement to our Worker's Compensation System. Adopted as Amended.

This resolution asked that MSMS, through existing committees, study the pros and cons of changing our worker's compensation system to a managed care model.

The MSMS Worker's Compensation Subcommittee has worked closely with the state on a three year shift to the same single conversion factor for medicine and radiology services as that used for surgery services. MSMS will continue to monitor the transition of the worker's compensation system in Michigan.

65-97A Title: Peer Review Protection for Physician Organizations and Group Practices. Approved.

The resolution sought legislation to extend to physician organizations and to group practices the same peer review protections currently enjoyed by hospital peer review committees.

MSMS initiated Senate Bill 732, introduced by State Senator George McManus (R-Traverse City). The legislation passed the Senate unanimously and was amended by the Michigan House of Representatives to require physician groups to report certain actions to the state licensure board, consistent with requirements that apply to hospital peer review activities. With that amendment, the bill received strong support in the House and awaits the governor's signature. This legislation provided MSMS with an excellent opportunity to educate lawmakers on the scope of physician activity in the changing health care environment.

The second resolved of this resolution directs the Michigan Delegation to the AMA to ask the AMA to seek legislation extending the same peer review protections to physician organizations and to group practices as that granted to peer review groups of hospital medical staffs and state and county medical associations.

The Michigan delegation introduced the resolution at the June annual meeting of the AMA, where a substitute was adopted calling on the AMA to develop model state legislation to extend peer review protections to physician organizations.

66-97A Title: Medical Direction of Advanced Practice Nurses. Referred to the Board for Study and Action.

This resolution asked that MSMS seek legislation requiring supervision of advanced practice nurses by physicians of the appropriate specialty.

The MSMS Board of Directors referred this resolution to the joint Michigan State Medical Society and Michigan Osteopathic Association Task Force on Scope of Practice Issues. The task force reviewed Resolution 66-97A and determined it should accomplish the resolution's original objective before deciding this resolution's outcome. That objective is to develop a document which defines the components of various health professions and which explains the differences between certain health professions (i.e., optometrists/ophthalmologists). The task force collectively decided to accomplish the academic objective prior to analyzing political objectives such as the one outlined in Resolution 66-97A.

In addition, task force members noted the flux of Senate Bill 104, recently amended in the Michigan Senate to require nurses who prescribe to do so only under the supervision of a physician. While this effort will continue in the House of Representatives, MSMS must evaluate Resolution 66-97A, in light of the status of Senate Bill 104 and other scope of practice issues. Therefore, the task force recommended that MSMS continue to study resolution 66-97A, which asks MSMS to seek legislation requiring same-specialty physician supervision of Advanced Practice Nurses considering the current status of SB 104 on Advanced Practice Nurse Prescriptive Privileging and other scope of practice issues. This recommendation was approved by the MSMS Board of Directors.

67-97A Title: Task Force to Simplify Current Health Care Delivery System and Improve Access to Care. No Action

68-97A Title: Physician Assisted Suicide. Substitute Resolution (in lieu of Resolutions 68-97A and 85-97A). Adopted.

This resolution called on MSMS to adopt the AMA position on physician assisted suicide.

Within an hour of the conclusion of the 1997 MSMS House of Delegates, MSMS President Peter A. Duhamel, MD, did an interview with the Associated Press concerning this change in policy. That interview immediately was distributed to several hundred media outlets in the state, many of which ran the story. Dozens of radio and newspaper reporters also talked to Doctor Duhamel over the next several days for more information on the policy change.

Additionally, MSMS developed a public information sheet listing all of its policy statements on physician assisted suicide. The sheet included the AMA statement adopted by MSMS, the existing policy that recommends no legislation be sought related to physician assisted suicide and the 1997 policy on appropriate end-of-life-care. This sheet was sent to all Michigan legislators and media, as well as to others upon request during the past year.

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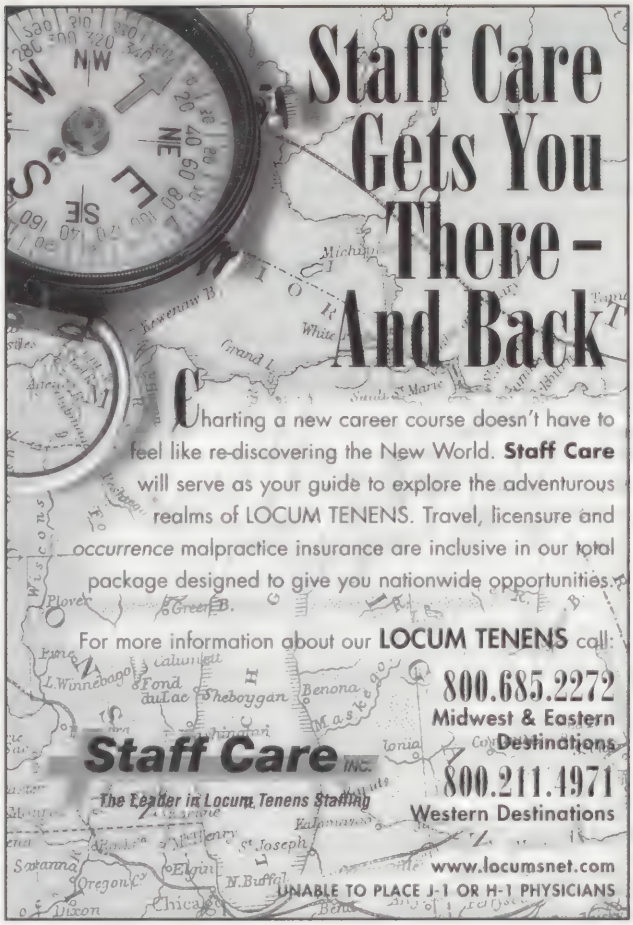
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69-97A Title: MSMS Support of Freestanding Ambulatory Surgery Centers. Disapproved.

70-97A Title: Failure of Blue Cross Blue Shield of Michigan To Comply with Public Act 350 re: Reimbursement of Physician-Owned Freestanding Outpatient Surgical Centers. Adopted as Amended.

This resolution asked MSMS to pursue appropriate avenues to encourage BCBSM to reimburse facility fees to physician-owned freestanding surgical centers.

MSMS has initiated amendments to Public Act 350, which regulates BCBSM, through Senate Bills 958-960. A key provision of the legislation is removal of the language in Public Act 350 that has allowed BCBSM to apply separate standards to physician-owned surgical centers. The 1998 April issue of Michigan Medicine features an article on expanded patient choices through freestanding centers, and this article will be widely distributed to lawmakers, purchasers and patient groups in an effort to garner support for the legislative initiative.

71-97A Title: False 911 Calls. No Action.

72-97A Title: Licensing of Cigarette Vendors. Adopted as Amended.

This resolution asked that MSMS seek and support annual state licensing of each and every tobacco product vending machine, to seek legislation requiring licensing of all vendors of tobacco products, and to seek legislation requiring a minimum licensing fee of $1,000.

MSMS is working with the Tobacco Free Michigan Action Coalition to strengthen laws on youth access to tobacco vending machines. In addition, MSMS will continue to seek repeal of the Tobacco Preemption Law to allow local enforcement to prohibit vending machines.

73-97A Title: Mini Cigarette Packages. Approved.

This resolution asked MSMS to seek legislation for state prohibition of the sale of cigarettes in packages containing less than 20 cigarettes and or in packages that can be broken into units containing fewer than 20 cigarettes.

MSMS currently is working closely with the Michigan Department of Community Health to develop legislation concerning prohibition of the sale of cigarettes in small packages.

74-97A Title: Independent Medical Examiners Specialty. Disapproved.

75-97A Title: Do-Not-Resuscitate Orders on Drivers Licenses. Disapproved.

76-97A Title: Mandatory Referral for Failed Visual Screening Levels. Referred to the Board for Study.

This resolution asked that MSMS seek legislation mandating referral to ophthalmologists (MD or DO) of all Michigan drivers license applicants with visual acuity less than 20/40 for best corrected vision in either eye, unless their visual loss has had prior documentation.

This resolution was referred to the MSMS Board of Directors for further study. The Board of Directors referred the resolution to the MSMS Committee on State Legislation and Regulations for study and recommendation.

The Committee heard a presentation from Alan Mindlin, MD, author of Resolution 76-97A. Doctor Mindlin expressed his belief that this is a significant public health issue and certainly not any type of turf issue. Citizens in the State of Michigan are frequently screened for vision, be it at the Secretary of State's Office for a driver's license, or by a school or workplace nurse. If a visual acuity is found and has not been treated, the individual should be referred to an ophthalmologists to rule out progressive eye disease. Doctor Mindlin also stated that this legislation would ensure that individuals with significant visual problems would be encouraged to seek the appropriate medical care.

To fulfill the intent of the resolution the Committee changed "drivers license applicants" to citizens who are found to have," and added "medical" to "prior documentation."

Committee members expressed support of the concept of this legislation for the reasons that this enables MSMS to support its ophthalmologists members and support good public health. The Committee on State Legislation and Regulations voted unanimously to support the amended version of House of Delegates Resolution 76-97A and the MSMS Board of Directors concurred with the recommendation.

77-97A Title: Requirements for Marriage Licenses. Approved.

This resolution asked that MSMS support legislative efforts of the MSMS Alliance legislative initiative which seeks to add the words "this is a license to marry, not to abuse" to Michigan marriage licenses.

Representative Patricia Godchaux (R-Birmingham) introduced legislation addressing this issue, due to the diligent work of Alliance President Blanche Mindlin and other Alliance members. Recently, a press conference was held in Oakland County to increase awareness of this legislation. House Bill 5232 currently is pending in the House Health Policy Committee.

78-97A Title: Board Certification and Managed Care. Not Adopted.

79-97A Title: Redefinition of Automobile Manufacturer's Responsibilities. Adopted as Amended.

This resolution asked that MSMS be the first in the nation to advise automobile manufacturers that their responsibilities to the public include the manufacture of safer vehicles.

MSMS will issue a letter in November, 1998, from MSMS President Cathy O. Blight, MD, to the chief executive officers of the major auto manufacturers, GM, Ford, Chrysler, Honda, Mazda, Mercedes, Mitsubishi, Nissan, Subaru, Toyota, Volkswagen and Volvo, encouraging them on behalf of 13,000 Michigan physicians and their patients to put more emphasis on the safety of the vehicles they build. The letter included statistics about injuries resulting from automobile accidents in Michigan.

80-97A Title: Childcare Provision at MSMS Functions. Adopted as Amended.

This resolution asked that MSMS arrange for childcare services on a fee-for-service basis at the MSMS House of Delegates and at the MSMS Annual Scientific Meeting.

Child care will be available on a fee-for-service basis at the MSMS House of Delegates in 1998. Since space in The Ritz-Carlton Dearborn is limited due to use of all available meeting rooms for the House of Delegates, child care will be available in the overnight accommodations of the person needing the assistance, through the concierge desk. MSMS staff and the Women Physicians Committee will continue to work on a program for child care of all ages for future MSMS House of Delegates meetings, as well as for the Annual Scientific Meeting.

81-97A Title: Pay Equity. Referred to the Board for Study.

The resolution requested that MSMS hire an independent consulting firm to review payroll records and job classifications to assure the House of Delegates that MSMS is in full compliance with Equal Employment Opportunity Commission regulations and that MSMS is free of any discriminatory employment practices. The House referred the resolution to the MSMS Board of Directors for study.

At its meeting on September 24, the board report from Karine Stover of Plante & Moran. The board voted to accept the Plante & Moran report to fulfilling requirements of Resolution 81-97A. The board asked Ms. Stover and Richard Weber, MSMS legal counsel, to attend a meeting of the MSMS Committee on Concerns of Women Physicians to inform the committee on the board's action and to answer any questions.

Ms. Stover and Mr. Weber attended the committee meeting on November 7 to discuss how the report was researched and to answer any questions. After the presentation by Ms. Stover and Mr. Weber, the committee voted to accept the report, and, on the advice of Beth Cafaro, senior corporate counsel for Corporate Legal Affairs at Henry Ford Health System, voted to recommend that the MSMS Board review pay equity issues on an annual basis. On November 19, 1997, the MSMS Board of Directors reviewed this report and approved the following recommendation of its Scientific and Educational Affairs Committee: "That MSMS management review the pay equity issue annually and report findings to the MSMS Board of Directors."

82-97A Title: Harassment Education. Referred to the Board for Study.

This resolution regarded what specific policies MSMS has and what specific actions have been taken to educate MSMS staff about harassment in the workplace. The MSMS House of Delegates referred the resolution to the MSMS Board of Directors for study and recommended that current MSMS policy be reviewed, clarified and updated.

At the board meeting immediately following the 1997 MSMS House of Delegates, a motion was passed to appoint a special task force to review the current employee sexual harassment policy, to develop a new policy for the MSMS employee handbook and to have it reviewed by the MSMS Committee on Concerns of Women Physicians. The special task force drafted the new policy, which includes a revised equal employment opportunity policy, a revised harassment policy, and an investigation and resolution of discrimination or harassment complaints policy.

The newly-revised policies were reviewed by the MSMS Committee on Concerns of Women Physicians at its meeting on Wednesday, September 17, 1997. The committee's suggestions were added to the policies and the policies were discussed at the meeting of the MSMS Board of Directors Scientific and Educational Affairs Committee on September 24. The MSMS Board of Direc-

tors approved the committee's recommendation that the previous action report be sent back to the special task force to consider several additions to the policies. The special task force did make changes. In lieu of an appeals mechanism, Richard Weber, MSMS legal counsel, recommended changes to the arbitration of disputes policy so that the grievance mechanism would be stricken, but the arbitration provision would remain.

The revised policies were reviewed again by the MSMS Committee on Concerns of Women Physicians at its meeting on Friday, November 7. The Committee voted to accept the policies and commended the special task force and expressed appreciation for all of its hard work.

83-97A Title: Availability of Commissioned Data. No Action.

84-97A Title: Consultation Fees Reimbursed Separate from Procedure Fees. Approved.

The resolution sought MSMS affirmation that consultations are services separate from any care rendered thereafter, and that consultations should be reimbursed separately from procedure reimbursement.

Payers are being asked to recognize separate payment for a consultation when 1) there is a separate, significant, identifiable E/M service on the day of a procedure and 2) when the decision to perform surgery is made at that visit. MSMS continues to pursue adoption of this policy by all payers.

85-97A Title: Physician Assisted Suicide. Substitute Resolution (in lieu of Resolutions 68-97A and 85-97A). See Resolution 68-97A. Adopted.

86-97A Title: 800 Number for MSMS Member Use. Adopted asAmended.

This resolution asked that MSMS establish on a one-year trial basis an 800 or 888 number for member use in contracting MSMS staff members by phone and that it report back to the House of Delegates on its usefulness and cost-effectiveness.

The new 800 number for member use was activated in January 1998. The number, 800-914-MSMS (6767), rings at the main switchboard. Estimating the cost and use of the new number will be difficult and will depend greatly on how quickly our members begin to use the new number. Since the number is intended for members only, marketing the number initially will be limited to member publications and mailings. Currently, $10,000 is budgeted for the new number. This figure is based on the current usage/cost of the MSMS Group Insurance Trust 800 number.

87-97A Title: Tax Credits for Provision for Free Medicare Care. Approved.

This resolution asked that MSMS seek legislation to allow physicians to receive state and federal tax credits for the provision of free medical care.

MSMS has worked with various lawmakers to seek the introduction and passage of this important legislation. Senator Dale Shugars (R-Kalamazoo), chair of the Senate Health Policy Committee, has introduced Senate Bill 157 and Senate Bill 332-333 to provide tax credits to individuals and employers who purchase health insurance policies. MSMS is working with Senator Shugars to amend these bills to provide for tax credits to physicians who provide free medical care. Senator Shugars supports this concept. The bills currently are pending in the Senate Health Policy Committee. In addition, Representative Ed Laforge (D-Kalamazoo) has agreed to introduce legislation that provides immunity from liability for physicians who provide free medical care. This may have the same effect as tax credits by encouraging physicians to provide such care.

Senator Walter North (R-St.Ignace) introduced Senate Bill 479, which provides a five-thousand dollar tax credit per year for five years to physicians who practice in rural under-served areas of the state, if the physician practices in that area for at least five years. The bill originally was referred to the Senate Health Policy Committee for a hearing. Most testimony was positive, and the committee appeared to generally support the bill. The bill was then referred to the Senate Committee on Finance, where a hearing is scheduled to take place in April, 1998.

88-97A Title: Congratulations to the Genesee County Medical Society Members Donating Their Time to the Greater Flint Area Health Coalition. Adopted as Amended.

This resolution asked that MSMS write a letter of commendation to the Genesee County Medical Society in recognition of the members who are involved in Greater Flint Health Coalition activities and that MSMS encourage other physicians to be involved in similar efforts in their own communities.

In addition to the letter of commendation, MSMS has supported Genesee County Medical Society through staff assistance, publication of its accomplishments in a Michigan Medicine article, and presentations to the MSMS Advisory Committee on Medical Economics. These efforts serve two purposes: 1) to recognize and to support the accomplishments Flint physicians have made in their community, and 2) to encourage the involvement of physicians in other areas of the state. The MSMS Board of Directors also approved a set of "lessons learned" from business coalition activities, based in large part on the experiences in the Flint community.

MSMS also hosted the first Physician/Business Coalition Leadership Summit in November 1997. This was the first semi-annual meeting of physician and business leaders from around the state, and it provided the opportunity to share experiences and discuss strategies for increasing physician involvement. Seven business coalitions and 25 physicians attended, and the Flint community played a vital role in the success of that meeting. Cathy O. Blight, MD, MSMS president-elect and an active leader in Genesee County, will host the next meeting in June. Support of physicians involved in business coalitions activities will continue as an MSMS priority in the coming years.

89-97A Title: Support Standard Enforcement of Safety Belt and Child Restraint. Adopted as Amended.

This resolution asked that MSMS pursue legislation to support the passage of House Bill 4280 or its equivalent during the session of the legislature to cover standard enforcement of seat belt and child restraint usage.

MSMS lobbying efforts helped pass House Bill 4280 out of the House. MSMS plays a key role in the Safety Belt Coalition, which currently is focused on passing this legislation out of the Senate. Currently, House Bill 4280 is in the Senate Committee on Transportation and Tourism.

90-97A Title: Physician Question and Counsel Patients Regarding Tobacco Usage. Adopted as Amended.

This resolution called on MSMS to join with county medical societies in asking physicians of all specialties to identify smokers and to encourage them to quit and that MSMS join with county medical societies to ask all physicians to document nicotine status in patient records.

MSMS is working with the Campaign for Tobacco Free Kids and the Tobacco Free Michigan Action Committee to strengthen anti-tobacco laws in Michigan and the United States. MSMS promoted and participated in a news conference in Detroit on December 11, 1997. New polling data was released indicating public support for tougher national anti-tobacco laws aimed at children, including stronger FDA authority, increased tobacco prices, tough penalties on the tobacco industry, if youth smoking rates do not decline, and help for farmers in developing alternatives to tobacco crops. The data indicated 87 percent of voters are concerned about tobacco use by children and 71 percent believe a national tobacco policy will help parents discourage their kids from smoking. The news conference, attended by the Associated Press and other media, generated dozens at newspaper and radio stories throughout the state. MSMS President Peter A. Duhamel, MD, also sent an opinion-editorial concerning tougher tobacco laws to all newspapers in the state in January which received widespread use. A letter from Doctor Duhamel to the county medical Societies and specialty societies to identify individual smokers and to record their tobacco use in their charts is being planned for late April or May of this year.

91-97A Title: Fine-Tuning of House Bill 4529 or 1994, A Revision of PA100 OF 1994. No Action.

92-97A Title: Endorse EPA Work Quality Standards. Referred to the Board for Study.

This resolution asked that MSMS endorse the federal Environmental Protection Agency proposals for stricter air quality standards for ozone and particulates.

The MSMS Committee on Michigan Public Health has reviewed this issue in great detail and recommended that MSMS support the Environmental Protection Agency air quality standards for ozone and particulates and that this be adopted in lieu of Resolution 92-97A.

93-97A Title: International Medical Graduate Dilemma. No Action.

94-97A Title: Appropriate End-of-Life Therapy. Adopted as Amended.

This resolution asked that MSMS continue to work at all levels for improved pain management and symptom control, that MSMS continue education on recognition of depression and its adequate therapies, that MSMS continue to promote advance directives; and that MSMS continue support for hospice, including education about hospice and the use of hospice care.

MSMS has worked during the past year with Representative Joseph Palamara and other legislators to improve pain management laws in Michigan. Doctor Duhamel sent an opinion-editorial to all newspapers in the state supporting a

bill that would require insurance companies to state up front what is and is not covered in pain management, to establish a grievance process and to provide a booklet on pain management.

MSMS, through the Committee on Bioethics and the Committee of Hospice Medical Directors, has organized conferences on "Palliative Care: Comprehensive Care at the End of Life." These conferences will feature nationally-recognized speakers on pain management and care of the terminally ill patient, as well as information about hospice. The conferences are co-sponsored by the Michigan Department of Community Health (with a $20,000 subsidy), along with the Michigan Nurses Association, Hospice of Michigan and the Michigan Hospice Organization. Pharmaceutical companies also are underwriting speaker expenses.

Pain management and advance directives also were topics at the 1997 MSMS Mackinac Island Conference on Bioethics in September. Additionally, Doctors Tom George and Fred Issacs, co-chairs of the MSMS Committee of Hospice Medical Directors, sent out an opinion-editorial on the under-utilization of hospices in Michigan, which was used in several dozen newspapers across the state. The MSMS Committee on Bioethics also is reviewing the current form for durable power of attorney for health care that MSMS makes available statewide. The committee's goal is to make the form more user friendly. MSMS continues to promote these forms in advertisements in Michigan Medicine and Medigram, as well as in mailings targeted to groups such as hospitals and nursing homes.

95-97A Title: Physicians as Patient Advocate: Mammography Screening Recommendation. Adopted as Amended.

This resolution directed the Michigan Delegation to ask the AMA to endorse a baseline mammogram prior to age 40, and subsequent annual mammograms beginning at age 40. If there are risk factors present, initiation of screening should be considered sooner than 40.

Delegation Chair Billy Ben Baumann, MD, wrote AMA the Executive Vice President in early October to request consideration of this resolution. Doctor Seward forwarded this resolution to the AMA Council on Scientific Affairs, which continues to study this issue. The council is gathering all existing guidelines, with the goal of recommending AMA action at the 1998 Annual Meeting.

96-97A Title: Parity with Prescription Drug Coverage. Approved.

This resolution directed MSMS to ask the AMA to support legislation to mandate coverage for prescription contraceptives for all companies that cover prescription drugs. The Michigan Delegation will introduced this resolution at the AMA interim meeting in December where it was withdrawn.

The delegation learned from Ross Rubin, staff to the AMA Council on Legislation, that the AMA in June 1997 had supported this legislation and there no longer was reason to take action.

97-97A Title: AMA as Patient Advocate: Pap Smear Screening. Referred to the Board for Study.

This resolution asked that MSMS adopt a policy supporting routine annual PAP smears starting at age 18 or the age at which sexual activity has begun, whichever is less. The resolution also requested that the Michigan Delegation to the AMA ask the AMA to adopt the same policy.

The MSMS Board of Directors referred Resolution 97-97A to the MSMS Committee on Michigan's Public Health. The Committee reviewed the resolution, the current American Cancer Society standard, and learned that the American Medical Association has already adopted the American Cancer Society standard as its policy.

During the discussion of Resolution 97-97A, Committee members noted that numbers 6, 7, and 8 of the "whereas clauses" are not accurate. Whereas number 6 should read, "Whereas, many women are now at high risk for cervical cancer," and numbers 7 and 8 should be eliminated. There is no proof of the Canadian studies referred to in the eighth "whereas clause."

The committee voted to recommend adoption of the ACOG/American Cancer Society standards allowing for physician discretion of physicians and that MSMS work toward securing third party payer recognition of those standards. The Board of Directors concurred with the recommendations of the Committee on Michigan's Public Health, with special emphasis on seeking physician discretion in determining the frequency of tests for their patients, and defining the term "high risk status."

98-97A Title: Human Relations Skills Development Programs for Children. Adopted as Amended.

This resolution asked that MSMS support development and implementation of comprehensive human relations programs in schools for grades K through 12 and work closely with school administrations at all levels to establish these programs.

MSMS and the American Academy of Pediatrics are working and meeting with leaders in the education community to bring forth the comments and concerns of the medical community related to this issue. MSMS will continue the work being done to bring forth the comprehensive human relations programs in schools.

99-97A Title: Lead Screening of Young Children. Approved.

This resolution asked MSMS to urge all its members to screen children for their risk of contact with lead hazards and subsequent lead poisoning, and to complete a capillary or venous blood test for any child deemed to be at high risk for this serious health problem.

The Michigan Joint Committee on Administrative Rules passed a resolution which took effect October 11, 1997. The rule states that any laboratory that performs blood lead tests is required to report findings to the state. MSMS will continue to monitor enforcement of this rule, while urging members to continue screening children for lead hazards and subsequent lead poisoning.

100-97A Title: Risk Reduction for Sudden Infant Death. Approved.

This resolution asked that MSMS urge its members to educate parents of young infants and parents-to-be of the benefits of putting young infants to sleep on their backs, of refraining from smoking around young infants and pregnant women, and of avoiding all soft, cushion materials in the cribs of young infants.

In the February, 1998, issue of Michigan Medicine, there was a two-page article detailing these recommendations. The article listed additional expert resources for information both for physicians and for the public. Reprints of the article will be made available to members to distribute to their patients. This material also will be available via MSMS FAXBack and will be posted on the MSMS Website with links to legitimate related sites.

101-97A Title: Alcohol, Tobacco and Other Drugs (ATOD) Screening of Pregnant Women by Primary Physicians. Adopted as Amended.

The resolution asked that MSMS encourage its members to conduct alcohol, tobacco and other drug assessments of pregnant women by primary physicians as health initiatives for Michigan's future.

MSMS used its annual Conference on Maternal and Perinatal Health in 1998 as a key opportunity to get this message across. Topics were brought before the program planning committee for its recommendations on how best to incorporate the message, including through a course or other presentation, or via printed materials. Medigram promotion of the conference reminded physicians of the importance of screening. MSMS also will continue to inform the public through statewide news releases and public service announcements.

102-97A Title: Auto Insurance Premium - Medicaid Reimbursement. Disapproved.

103-97A Title: Permanent Retention of Part-Time Dues Category combined with Board Action Report #9. Adopted on First Reading.

The resolution and board report asked that MSMS retain the part-time dues category permanently; that the MSMS Constitution and bylaws be properly revised to reflect this category; and that the definition for part-time members as proposed be adopted:

Part-Time members: Shall be those physicians who work more than four hours but less than twenty hours per week on average during a year. They shall pay one-half annual active membership dues and shall be eligible for all active membership benefits, including the right to vote, to hold office, and to be eligible for committee positions."

The MSMS Committee on Constitution and Bylaws recommended to the 1997 MSMS House of Delegates, on first reading, the addition of the following subsection to Section 2.00 "Membership-Classification-Election," and that subsequent renumbering be made in Section 2.00:

"A member who works less than twenty hours per week may be placed in the part-time dues category. Dues for this category will be one-half the annual active membership dues rate. Members in this category will have all the privileges of active membership. Eligibility for this category will be verified on a yearly basis."

Before the Bylaws can be changed, the 1998 MSMS House of Delegate must consider and vote on this amendment.

104-97A Title: Physician Assisted Suicide. Not Adopted.

105-97A Title: Payment of Medicare Deductible and Coinsurance Amount. Approved.

This resolution asked that MSMS seek legislation that require any insurer, health maintenance organization, third party administrator and network manager in Michigan to pay the co-insurance and deductible amounts up to the Medicare fee schedule.

MSMS then worked with Representative David Gubow, Chair, of the House Insurance committee, to introduce legislation that would require an insurer, health maintenance organization, third party administrator, and network manager in Michigan to pay the co-insurance and deductible amounts up to the Medicare fee schedule.

In addition, MSMS has met with the third party payers, third party administrators, and network managers, who would be affected by this legislation. While discussions have been somewhat positive, additional efforts, including legislation, appear to be necessary to fully accomplish the objective of this resolution.

106-97A Title: Secret Files and Unofficial Investigations by the State Bureau of Occupational and Professional Regulations, Office of Health Services. Approved.

This resolution asked that MSMS no longer tolerate, and seek legislation to stop, unauthorized investigations of physicians and unauthorized development of files against physicians by the administration of the state Bureau of Occupational and Professional Regulations. The resolution also asked MSMS to seek legislation requiring that any allegations against physicians be reviewed by licensed physicians and any licensee named in any allegation be notified. The resolution also asked that MSMS ask the state Bureau of Occupational and Professional Regulations to have all unsubstantiated allegations removed from files immediately.

A meeting took place in November 1997 which included MSMS leadership, the Committee on Licensure and Discipline, Gregory Messenger, MD, (author of the resolutions), MSMS legal counsel and leaders of the state Bureau of Occupational and Professional Regulations.

The meeting concluded with the bureau agreeing to analyze its policy and requirements under state law. The department has since provided MSMS with an analysis of its policies, which currently is being evaluated by MSMS Legal counsel. It appears that the Bureau may be able to revise certain policies regarding confidentiality of the detailed allegations made against physicians. MSMS will continue to seek to accomplish the objective of this resolution.

107-97A Title: Condemning Penalties for Physicians' Proper Prescription Performance. Not Accepted as a Late Resolution.

108-97A Title: Board Certification. Disapproved.

109-97A Title: Change Health Care Financing Administration Rules to Include Psychiatric Outpatient Programs Within the Family Medicine Exemption. No Action.

110-97A Title: Medication Information by Pharmacists. Approved.

This resolution asked that MSMS work with Michigan pharmacists and pharmacy organizations to develop guidelines and procedures to prevent patients from getting misinformation and or inappropriate guidance from the pharmacist or pharmacy dispensing to patients.

MSMS is working internally with the Michigan Pharmacists Association to adequately address this issue. It is thought that this issue can best be addressed in this manner without seeking introduction of legislation at this time.

111-97A Title: Automobile Safety Recalls. Approved.

This resolution asked, in part, that MSMS seek legislation to prohibit any vehicle with an uncorrected safety defect to be offered for rent or lease to the state.

MSMS has met with a coalition of rental car agencies to discuss necessary steps to seek legislation on this issue. MSMS will continue to seek the best strategy to accomplish the objective of the resolution.

The first, third and fourth resolveds of this resolution require MSMS to ask the AMA to seek modification of the National Traffic and Motor Vehicle Safety Act. These changes include requiring certification at the time of title transfer on to the status of repairs and/or modifications needed by an automobile in a safety recall; prohibiting any vehicle with an uncorrected safety defect to be offered for rent or lease; and requiring manufacturers to notify the state motor vehicle license bureau of every vehicle with a known safety defect to prohibit any transfer of the title of such a vehicle.

The Michigan delegation introduced this resolution at the AMA interim meeting in December, 1997 where it was not adopted. There was testimony generally supporting the concept, but the AMA House felt the logistics of such a certification program would be too cumbersome.

112-97A Title: Renewal of Driver's Licenses by Mail. Referred to the Board for Study and Action.

This resolution asked that MSMS express its concerns regarding the mail order renewal of driver's licenses in patients with progressive eye diseases and that MSMS seek regulation or legislation requiring that all individuals with progressive eye disease undergo eye examination at least annually. The resolution also asked that MSMS seek periodic ophthalmologic testing of all individuals with progressive eye diseases as stipulated by the Michigan Vision Specialist Statement of Examination.

The MSMS Board of Directors referred this resolution to the MSMS Committee on State Legislation and Regulations. The committee originally reviewed the resolution to develop a consensus statement regarding driver's license renewal for the medically impaired. However, the committee reviewed the discussion that took place at the MSMS House of Delegates, noted the recommendation of the House reference committee; and decided that the ultimate referral to the board did not ask the board to consider this resolution in a broader manner than is stated in the resolves.

The MSMS Board of Directors closely reviewed the resolution along with a copy of the state's Michigan Vision Specialist Statement of Examination. Committee members expressed their belief that the Michigan Vision Specialist Statement of examination form was clear and concise and would enable a physician to take appropriate action for patients with progressive eye diseases. Committee members expressed their belief that this resolution focused on a portion of a relatively broad problem that could be adequately addressed through legislation. Therefore, the MSMS Board of Directors supported the following recommendation: That MSMS express its concern regarding mail order renewal of driver's licenses for patients with progressive eye diseases and seek regulation or legislation requiring that all individuals who have received the vision specialist form and have been diagnosed by a vision specialist with progressive eye disease undergo eye examinations at least annually.

113-97A Title: Fee Splitting. No Action.

114-97A Title: Assignment of Student Delegates and Alternate Delegates. Referred to the Board for Study.

This resolution asked that students continue to be recruited and encouraged to participate in the governance of organized medicine, and that students participate in the MSMS House of Delegates as "at large" delegates rather than representative of an individual county medical society.

This resolution was assigned to the MSMS Governance Task Force which reviewed it along with several other recommendations from its 1997 report that were referred back to the MSMS Board of Directors by the House of Delegates.

The Governance Task Force recommended that students continue to be recruited at the county level and that they be represented in the House of Delegates as at-large delegates on the same 50:1 ratio as are all delegates. The task force recommended that MSMS cover the cost of hotel accommodations for the student delegates and alternates. The MSMS Committee on Membership Recruitment and Retention continues to work to recruit student members and to encourage them to participate in the governance of organized medicine. The full Governance Task Force Report is in the 1998 Delegate Handbook.

115-97A Title: Noise Levels in Public Places. No Action.

116-97A Title: Insurance Company Payment Denials. Referred to the Board for Study.

117-97A Title: MSMS House of Delegates Representation. Adopted.

This resolution asked that the House of Delegates amend the MSMS Bylaws in the following fashion:

1) Add the following sentence to Bylaw 12.10: The President of a component medical society of which all or part of is located more than 400 miles by road from the site of the House of Delegates may designate a district director of its district to serve as a delegate to the House of Delegates, provided that the Reference Committee on Credentials and Tellers certifies that no other member of that component society is in attendance at that meeting and is available to represent that component society. In the case of such designation of a single district director by two more component societies, said district director shall have only one vote on all matters before the House of Delegates.

2) Substitute the following as the first sentence of Bylaw 12:20 after the title:

Except as provided in Bylaw 12.10, the officers of this society and the members of the Board of Directors shall be ex-officio members of the House of Delegates, but with the exception of the speaker and vice speaker of the House of Delegates, shall be without power to vote therein.

The MSMS Bylaws have been revised.

MSMS Names Life, Retired Members

By Thomas R. Berglund, MD, Secretary

LIFE MEMBERS – *Members who have maintained an active membership in good standing for twenty-five years in any one or more constituent state societies of the American Medical Association, with any five years in Michigan, with dues paid for the previous calendar year and who (1) have attained the age of 70 years or, (2) have been in practice for 50 years.*

BAY
William J. Schmelzer, MD

CALHOUN
M. Ekrem Dimbiloglu, MD

GENESEE
Louis B. Coriasso, MD
John W. MacKenzie, MD
Paul E. Schroeder, MD
Charles A. Thompson, MD

INGHAM
John A. Penner, MD
Donald W. Thaden, MD

ISABELLA-CLARE
Modesto A. Lorenzo, MD

JACKSON
Richard H. Schneider, MD

KALAMAZOO
Victor A. Berglund, MD

KENT
Laurence H. Feenstra, MD
Robert W. Harrison, MD
Glenn M. VanDommelen, MD

LENAWEE
Herminio A. Armovit, MD
William T. Kelly, MD

MACOMB
Charles M. Ebner, MD

MANISTEE
Leroy A. Futterer, MD

MARQUETTE-ALGER
John W. English, MD
Donald C. Fahrbach, MD

MASON
Linford J. Davis, MD
William F. Sutter, MD

MIDLAND
Dozier N. Fields, MD

MONROE
David J. Lieberman, MD
W. Stuart Middleton, MD

NORTH CENTRAL COUNTIES
John L. Cook, MD

OAKLAND
Federico A. Arcari, MD
Peter P. Barlow, MD
Nicanor F. Castedo, MD
John M. Dorsey, MD
John A. Geralt, MD
Lewis G. Harmon, MD
Mark Krane, MD
Norman M. Krieger, MD
Moufid Mitri, MD
Robert T. Nolta, MD
Lloyd J. Paul, MD
Aryabala Prasad, MD
Enrique Sabbagh, MD
Richard D. Sills, MD
Eldred G. Zobl, MD

SAGINAW
Bruce S. Dummett, MD

ST, CLAIR
Visuvasam N. Samuel, MD

WASHTENAW
Robert E. Anderson, MD
Saeed M. Farhat, MD
Daniel D. Heffernan, MD
Sydney Joseph, MD
Joseph M. Meadows, MD
Alex E. Moyyad, MD

WAYNE
Alvin M. Brown, MD
Ralph Cash, MD
R.C. Christensen, MD
Martin H. Daitch, MD
Francis T. Day, MD
Lilian M. Diakow, MD
Ragaa S. Edlin, MD
Remigio Garcia, MD
Arthur J. Johnson, MD
Vlado J. Kuzol, MD
An-Shih Lee, MD
Satyabrata Maitra, MD
Milton A. Montenegro, MD
Robert J. Murray, MD
Kenneth K. Newton, MD
Claus P. Peterman, MD
Leonard M. Pickering, MD
Ananda S. Prasad, MD
William H. Rattner, MD
William Rubinoff, MD
Allen Silbergleit, MD
Bernard J. Sivak, MD
Lincoln E. Solberg, MD
William S.F. Vipond, MD
John H. Williams, MD
Paul M. Zavell, MD

RETIRED MEMBERSHIPS

Members who have maintained active membership in any one or more constituents state societies in Michigan for a period of five or more years, and who have retired from practice.

ALPENA
William L Fox, MD

BARRY
Robert S. Pryor, MD

BAY
Vincent S. Haroon, MD
Jae H. Oh, MD
Bernhardt L. Pederson, MD

BERRIEN
John H. Carter, MD
Thomas O. Miyata, MD

CALHOUN
Norman O. Amos, MD
Kwang S. Cho, MD

DICKINSON-IRON
William H. Hinz, MD

GENESEE
John R. Damm, MD
Barry L. Dewitt, MD
James J. Gibbons, MD
Robert J. House, MD
Eleuterio R. Lumaque, MD
Kurt W. Mikat, MD
Willys F. Mueller, MD
Celso C. Samaniego, MD
Glen D. Sullenger, MD
Melvyn D. Wolf, MD

GRAND TRAVERSE
Mary J. Kokosky, MD
Christopher L. Schaiberger, MD

INGHAM
Howard C. Comstock, MD
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Chair's Report

MSMS Board Takes Action on House of Delegates Issues

ACTION REPORT #1 OF THE BOARD OF DIRECTORS
SUBJECT: Resolution 21-97A, "Health Insurance Services"

RECOMMENDATION: That MSMS enhance educational resources on health insurance contract and coverage issues and that this report be adopted in lieu of Resolution 21-97A.

HOD Resolution 21-97A requested MSMS to develop a service to negotiate insurance contracts for the public. The House of Delegates referred the resolution to the Board of Directors for study. The Board subsequently assigned this resolution to the Advisory Committee on Medical Economics for study and recommendation.

The Advisory Committee on Medical Economics discussion of the resolution focused on the most appropriate use of MSMS resources. The consensus of the Committee was that negotiating health insurance contracts for patients is not a suitable role for MSMS. Employee organizations, consumer organizations and other advocacy groups are recognized sources of negotiating assistance. Instead, the Committee believes that MSMS should focus efforts on maintaining excellent resources for its members that they can use to answer patient questions; and on providing general education and advocacy for patients. The Committee reviewed available resources for patients, and identified steps that MSMS can take to improve consumer understanding of health insurance plans.

In 1996, MSMS developed a brochure for patients, in connection with its Evaluation of Michigan Health Plans. MSMS distributed nearly 30,000 copies of the brochure during 1996 and 1997. Distribution was through member offices and through groups participating in the Michigan Partners for Patient Advocacy, a patient group coalition formed in support of the Michigan Patient Protection Act. Several public agencies produce information for patients and MSMS can refer patients with questions to appropriate agencies. Nationally, the Health Care Financing

Administration offers several comprehensive publications. These guides are available in quantities free of charge. The national publications are generally available on government web sites, and offer unbiased information to patients with questions.

MSMS can help patients make informed decisions by continuing its advocacy on patient protection measures, by using public communications vehicles to improve knowledge, and by making information available to its members for distribution to patients. Knowing that physicians are sources of advice about health insurance, MSMS also needs to enhance its efforts to provide its members with comprehensive information about regulations, contract provisions and benefits which translate into helpful information for patients. Next steps include:

Revising MSMS' 1996 brochure, incorporating new information on the Michigan Patient Bill of Rights, information regarding Medicaid and Medicare managed care, and ideas from other publications on the topic.

Refining MSMS' Evaluation of Health Plans to include information on contracting and other issues that affect physician/patient relations and continuing to provide information from the Evaluation of Health Plans at public forums and community meetings.

Using the MSMS web site to provide information from MSMS on choosing a health plan, to share phone numbers of government agencies to call when problems occur, and to provide links to government sites with additional details.

The MSMS Board of Directors concurs with the findings of the Advisory Committee on Medical Economics and recommends that MSMS enhance educational resources on health insurance contract and coverage issues and adoption of this report in lieu of HOD Resolution 21-97A.

Reference Committee on Medical Care Delivery recommended Board Action Report #1 be approved.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #2 OF THE BOARD OF DIRECTORS
SUBJECT: Resolution 112-97A, "Renewal of Driver's Licenses by Mail.

RECOMMENDATION: That MSMS express its concern with the mail order renewal of driver's licenses for patients with progressive eye diseases and seek regulation or legislation requiring all individuals who have received the vision specialist form and have been diagnosed by a vision specialist with progressive eye disease to undergo eye examinations at least annually.

The resolved portions of Resolution 112-97A read:

"RESOLVED: That MSMS express its concerns regarding the mail order renewal of driver's licenses in patients with progressive eye diseases and seek regulation or legislation requiring that all individuals with progressive eye disease undergo eye examinations at least annually; and be it further

"RESOLVED: That all individuals with progressive eye diseases undergo periodic ophthalmologic testing to determine whether they meet the standards for safe driving in the State of Michigan as stipulated by the Michigan Vision Specialists Statement."

The 1997 House Delegates referred this resolution to the MSMS Board of Director for study and action. The Board referred this resolution to the MSMS Committee on State Legislation and Regulations.

The 1997 House Reference Committee supported the intent of this resolution, however, recommended referral to the Board in order to develop a consensus statement regarding driver's license renewal for the medically impaired.

The Committee on State Legislation and Regulations reviewed the discussion that took place at the House of Delegates noting the recommendation of the House Reference Committee, and that the ultimate referral to the Board did not ask the Board to consider this resolution in a broader manner than is stated in the resolveds.

The Committee discussed this resolution extensively and expressed belief that the resolution should not apply solely to progressive eye disease. The Committee raised the following concerns regarding the House of Delegates resolution:

The definition of progressive eye disease? Even ophthalmologists who served on the Committee could not provide a concise definition.

How is progressive eye disease to be recognized. The resolution generally states that all individuals with progressive eye disease should undergo an eye examination at least annually.

To whom should these individuals be triaged. Should they be triaged to the state or to another entity to seek ophthalmologic testing or treatment for progressive eye disease.

What about the liability that a physician would have if they report an individual to another entity. Current law states that this would be a violation of the patient/physician relationship. The resolution does not adequately answer the liability question.

While this issue was of significant interest to the Committee, the resolution did not give adequate information as to how the Committee should deal with this resolution. Even after extensive debate at two committee meetings, the Committee could not agree on necessary changes to the resolution. However, the Committee did agree that the resolution in its current form is not appropriate. The Committee voted unanimously to recommend that MSMS not approve House of Delegates Resolution 112-97A.

The recommendation of the Committee on State Legislation and Regulations was reviewed by the Legislative Policy Committee of the Board of Directors. After reviewing the State of Michigan Vision Specialist Statement of Examination, the Legislative Policy Committee decided that Resolution 112-97A focuses on a portion of a relatively broad problem that could be adequately addressed through legislation and recommended that MSMS express its concern regarding the mail order renewal of driver's licenses for patients with pro-



Krishna K. Sawhney, MD, MSMS Board Chair, reports on actions taken regarding the 1997 House of Delegates resolutions.

gressive eye diseases and seek regulation or legislation requiring that all individuals who have received the vision specialist form and have been diagnosed by a vision specialist with progressive eye disease undergo eye examinations at least annually.

The MSMS Board of Directors concurs with the recommendation of the Legislative Policy Committee.

Reference Committee B on Legislation recommended Board Action Report #2 be approved.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #3 OF THE BOARD OF DIRECTORS

SUBJECT: Resolution 66-97A, "Medical Direction of Advanced Practice Nurses"

RECOMMENDATION: That MSMS continue to study Resolution 66-97A which asks MSMS to seek legislation requiring same specialty physician supervision of advanced practice nurses considering the current status of Senate Bill 104 - Advanced Practice Nurse Prescriptive Privileging and other scope of practice issues.

Resolution 66-97A was referred to the Board of Directors for study and action. The Board of Directors referred this resolution to the MSMS-MOA Joint Task Force on Scope of Practice Issues.

The Task Force reviewed Resolution 66-97A and determined that the Task Force needed to accomplish its original objective prior to deciding on the outcome of this resolution. The Task Force has to continue to develop a document which defines various health professions' components and explains the differences between certain health professions (i.e. optometrists/ophthalmologists). The Task Force collectively decided to accomplish this academic objective prior to analyzing political objectives, such as the one outlined in HOD Resolution 66-97A.

In addition, Task Force members noted the state of flux of SB 104 in the Michigan legislature. SB 104 was recently amended in the Michigan Senate to require nurses who chose to prescribe, to do so only under the supervision of a physician. While this effort will continue in the House of Representatives, MSMS must evaluate HOD Resolution 66-97A, considering the status of SB 104 and other scope of practice issues.

Therefore, the MSMS-MOA Joint Task Force on Scope of Practice Issues recommends that MSMS continue to study this matter, utilizing all pertinent information.

The MSMS Board of Directors concurs with the recommendation of the MSMS-MOA Joint Task Force on Scope of Practice Issues.

Reference Committee on Legislation drafted a Substitute Resolution (in lieu of Resolution 35-98A and Board Action Report #3) and recommended approval. See Resolution 35-98A.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #4 OF THE BOARD OF DIRECTORS

SUBJECT: Resolution 76-97A, "Mandatory Referral for Failed Visual Screening Levels"

RECOMMENDATION: Adoption of Resolution 76-97A amended to read: That MSMS seek legislation mandating referral to ophthalmologists (MD or DO) of all Michigan driver's license applicants with visual acuity of less than 20/40 best corrected vision in either eye, unless their visual loss has had prior medical documentation.

Resolution 76-97A asked that MSMS seek legislation mandating referral to ophthalmologists (MD or DO) of all Michigan drivers license applicants with a visual acuity less than 20/40 best corrected vision in either eye, unless their visual loss has had prior documentation.

After considerable discussion at the House of Delegates, Resolution 76-97A was referred to the MSMS Board of Directors for further study. The Board of Directors referred the resolution to the MSMS Committee on State Legislation and Regulations for study and recommendation.

The Committee heard a presentation from Alan Mindlin, MD, author of Resolution 76-97A. Doctor Mindlin expressed his belief that this is a significant public health issue and certainly not any type of turf issue. Citizens in the State of Michigan are frequently screened for vision, be it at the Secretary of State's Office for a driver's license, or by a school or workplace nurse. If a visual acuity is found and has not been treated, the individual should be referred to an ophthalmologists to rule out progressive eye disease. Doctor Mindlin also stated that this legislation would ensure that individuals with significant visual problems would be encouraged to seek the appropriate medical care.

To fulfill the intent of the resolution the Committee changed "drivers license applicants" to "citizens who are found to have," and added "medical" to "prior documentation."

Committee members expressed support of the concept of this legislation for the reasons that this enables MSMS to support its ophthalmologists members and support good public health. The Committee voted unanimously to support the amended version of House of Delegates Resolution 76-97A.

The MSMS Board of Directors concurs with the recommendation of the Committee on State Legislation and Regulations.

Reference Committee on Legislation recommended that Board Action Report #4 be adopted as amended.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #5 OF THE BOARD OF DIRECTORS

SUBJECT: 1997 Board Action Report #8, Recommendation One, "Report from the MSMS Governance Task Force"

1997 Board Action Report #5 (Res. 39-96A), "Medical Students Counted As Voting Members"

Resolution 114-97A, "Assignment of Student Delegates and Alternate Delegates"

Resolution 45-97A, "Young Physicians Section (YPS) Representation on the Michigan Delegation to the AMA"

RECOMMENDATION ONE: That three slotted seats for a young physician (as defined by MSMS), a resident and a student be added as voting members to the MSMS Board of Directors. The slotted seats will be for a one-year renewable term, and the individuals elected must remain in the category elected for the entire term. That the Constitution and Bylaws be amended appropriately to reflect this change. That this report be adopted in lieu of 1997 Board Action Report #8, "Report from the MSMS Governance Task Force," Recommendation One.

RECOMMENDATION TWO: That MSMS medical students be represented at the MSMS House of Delegates, as voting at-large members, by one delegate for every 50 MSMS student members; that the Constitution and Bylaws be amended appropriately to reflect this change; that MSMS provide accommodations for students at the House of Delegates meeting; and that a seminar on the operations of the House of Delegates be offered to student delegates prior to the meeting. That his report be adopted in lieu of 1997 Board Action Report #5, "Medical Students Counted as Voting Members: and HOD Resolution 114-97A, "Assignments of Student Delegates and Alternate Delegates.

RECOMMENDATION THREE: That MSMS not create a slotted seat on the MSMS Delegation to the AMA for a representative of the Young Physicians Section; and that this report be adopted in lieu of HOD Resolution 45-97A, "Young Physicians Section Representation on the Michigan Delegation to the AMA."

The MSMS Governance Task Force met on January 14 to review two Board Reports and two resolutions concerning the governance of MSMS that were sent to the MSMS Board of Directors by the 1997 House of Delegates for further review. The Board referred these issues to the MSMS Governance Task Force.

The Task Force first discussed Recommendation One of Board Report #8. The House referred this recommendation back to the Board because testimony from the floor pointed out that it contained two recommendations; one for the slotted seats and one that outlined the elections of district directors and the slotted seats. The Task Force agreed that the primary goal of the Recommendation was to add the slotted seats to the MSMS Board of Directors. The Task Force further agreed that the election process of District Directors was working adequately and that the Sections should be allowed to determine how their representatives to the Board would be elected. The Task Force, therefore, recommends the addition of the three slotted seats on the Board of Directors and the elimination of any recommendation regarding the election process at the district level.

The Task Force then considered 1997 Board Report #5 and HOD Resolution 114-97A together since they both pertained to student representation within the MSMS House of Delegates. The Task Force discussed the fact that current MSMS bylaws allow for one medical student delegate from each medical school and that the current 962 MSMS student members, if allocated on the same ratio of 50:1 as full members for determining county delegates to the House, would result in 19 student delegates to the House.

To alleviate concerns that counties with medical schools would receive an unequal increase in delegates, the Task Force concluded that the students would remain essentially "at-large" delegates, but would be free to chose which District Director briefings to attend and which District to sit with at the House of Delegates meeting. Details on elections of delegates will be left to the MSMS Medical Student Section to determine.

The Task Force agreed that a seminar on how the MSMS House of Delegates functions be made available to medical students. The Task Force also agreed that MSMS should cover the cost of hotel rooms for student delegates attending the House of Delegates on a double occupancy basis.

If recommendation one and two are approved, the 1999 House of Delegates will consider the specific changes to the MSMS Constitution and Bylaws on first reading. Second and final reading will be at the House of Delegates in the year 2000.

The Task Force considered HOD Resolution 45-97A and agreed that slotting a seat on the Michigan Delegation to the AMA for a young physician was not appropriate for a number of reasons. The Task Force was concerned that by slotting a seat, a young physician would have to give up that seat at age 40, resulting in a diminution of the Delegation's institutional knowledge and power within the AMA; that other young physicians may be precluded from seeking a seat on the AMA Delegation because of the slotted seat; and that seats on the Delegation already are open to all MSMS members. Additionally, the Task Force stood by Recommendation Three in the 1997 Board Report #8 approved by the House which states that "no changes be made in the AMA Delegation election process at this time, but that the process be reviewed again prior to the 2000 House of Delegates."

The Board of Directors added the sentence "That the slotted seats be for a one year renewable term and that the individual elected must remain in the category elected for the entire term" to recommendation one of the MSMS Governance Task Force. At its March 18 meeting, the Board of Directors approved the recommendations of the Task Force as amended and respectfully submits them to the 1998 House of Delegates for consideration.

Reference Committee on Internal Affairs and Public Service recommended Board Action Report #5, Recommendations One and Two be adopted as amended and Recommendation Three be adopted.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #6 OF THE BOARD OF DIRECTORS

SUBJECT: Resolution 92-97A, "Endorse Environmental Protection Agency (EPA) Air Quality Standards"

RECOMMENDATION: That MSMS support the updated July 17, 1997, Environmental Protection Agency (EPA) air quality standards for ozone and nitrogen oxides, and particulates, and that this report be adopted in lieu of HOD Resolution 92-97A.

Resolution 92-97A asks that MSMS endorse the Environmental Protection Agency proposals for more strict air quality standards for ozone and particulates. The House Reference Committee recommended referral to the Board for additional study on the actual EPA air quality standards and the ramifications of local implementation. After considerable discussion, the 1997 House of Delegates sent Resolution 92-97A to the MSMS Board of Directors for further study. The Board of Directors referred the resolution to the MSMS Committee on Michigan's Public Health.

Doctor David Johnson, Director, Michigan Public Health Agency, and a member of the Committee on Michigan's Public Health, informed the Committee that the EPA Standards have changed significantly since Resolution 92-97A, and the updated Standards took effect in July 1997 (see attached).

Committee members familiar with this issue stated that they believe that the standards are responsible economically and would certainly improve the health and safety of Michigan's citizens. Other Committee members expressed the need to assess the value of investment in environmental health. Still other Committee members stated that the cost of implementing standards may not be justifiable if the standards are overly stringent and overly costly.

Doctor Harbut stated clearly his belief that as physicians a clear statement needs to be made that cost factors are not relevant when it comes to supporting clean air. Most Committee members agreed with Doctor Harbut's analysis and stated their belief that it is the responsibility of MSMS to strongly support the EPA standards.

The MSMS Board of Directors concurs with the recommendation of the Committee on Michigan's Public Health, but MSMS should register concern about the potential monetary and social impact of the standards and that the EPA must evaluate those impacts when implementing the new standards.

Reference Committee on Public Health recommended approval of Substitute Board Action Report #6 (in lieu of Board Action Report #6 and Resolution 52-98A).

The House approved the recommendation of the Reference Committee.

ACTION REPORT #7 OF THE BOARD OF DIRECTORS
SUBJECT: Resolution 82-97A, "Harassment Education"

RECOMMENDATION: That the House of Delegates adopt this report in lieu of House of Delegates Resolution 82-97A.

The Committee on Concerns of Women Physicians submitted Resolution 82-97A titled "Harassment Education" that asked what specific policies MSMS has and what specific actions have been taken to educate MSMS staff about harassment in the workplace. The MSMS House referred the resolution to the Board for study and recommended that current MSMS policy be reviewed, clarified and updated.

The Board immediately appointed a Special Task Force to review the current employee sexual harassment policy, to develop a new policy for the MSMS employee handbook and to have it reviewed by the Committee on Concerns of Women Physicians. The Special Task Force drafted the new policy which included a revised Equal Employment Opportunity Policy, a revised Harassment Policy, and an Investigation and Resolution of Discrimination or Harassment Complaints Policy.

The newly revised policies were reviewed by the Committee on Concerns of Women Physicians on Wednesday, September 17. The Committee's suggestions were added to the policies and the policies were discussed at the meeting of the Scientific and Educational Affairs Committee on September 24. The MSMS Board of Directors approved the recommendation of the Scientific and Educational Affairs Committee that the previous Action Report be sent back to the Special Task Force for consideration of several additions to the policies.

The revised policies were reviewed again by the Committee on Concerns of Women Physicians at its meeting on Friday, November 7. The Committee voted to accept the policies and commended the Special Task Force and expressed appreciation for all of its hard work.

MSMS Legal Counsel, Richard D. Weber, recommended changes to the Arbitration of Disputes policy.

On November 19, 1997, the MSMS Board of Directors reviewed the revised policies and after making some minor changes approved the revised Equal Employment Opportunity statement (attachment 1); the revised Harassment Policy (attachment 2) and Investigation and Resolution of Discrimination or Harassment Complaints Policy (attachment 3), and the Arbitration of Disputes policy (attachment 4).

The Board also directed management and staff of MSMS to prepare and effectuate an educational program to insure the success of the Harassment policy. This program will include institution-wide distribution of the Harassment policy, an educational brochure, and publication in Michigan Medicine. Ongoing education shall be instituted, at intervals to be determined, but at least yearly. All employees shall be required to attend meetings and/or review the Harassment policy and educational materials at least on a yearly basis. The Board will conduct annual reviews of the harassment policy.

To date, MSMS staff have attended a presentation by Beth Cafaro, Senior Corporate Counsel, Corporate Legal Affairs, Henry Ford Health System on sexual harassment, and the new MSMS policy has been distributed to all staff.

Reference Committee on Internal Affairs and Public Service recommended Board Action Report #7 be approved.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #8 OF THE BOARD OF DIRECTORS
SUBJECT: Resolution 81-97A, "Pay Equity"

RECOMMENDATION: That the House of Delegates adopt this report in lieu of House of Delegates Resolution 81-97A.

The Committee on Concerns of Women Physicians submitted Resolution 81-97A titled "Pay Equity" to the MSMS House of Delegates in May 1997. The resolution requested that an independent consulting firm be hired to review payroll records and job classifications to assure the House that MSMS is in full compliance with Equal Employment Opportunity Commission (EEOC) regulations and that MSMS is free of any discriminatory employment practices. The House referred the resolution to the Board for study.

In June 1997, the certified public accounting firm, Plante & Moran, LLP, was hired to conduct a review of all employee compensation relative to gender equity. During an executive session of the Board on September 24, 1997, the Board reviewed the report from Plante & Moran. The Board voted to accept the Plante & Moran report as fulfilling the requirements of Resolution 81-97A. The Board asked Ms. Karine Stover from Plante and Moran, and Richard Weber, MSMS Legal Counsel, to attend a meeting of the Committee on Concerns of Women Physicians to educate the Committee on the Board's action and to answer any questions.

Ms. Stover and Mr. Weber attended the Committee meeting on November 7 to inform the Committee on how the report was researched and to answer any questions. After the presentation by Ms. Stover and Mr. Weber, the Committee voted to accept the report, and, on the advice of Beth Cafaro, Senior Corporate Counsel, Corporate Legal Affairs, Henry Ford Health System, voted to recommend that the MSMS Board review pay equity issues on an annual basis.

On November 19, 1997, the MSMS Board of Directors reviewed the Committee on Concerns of Women Physicians recommendation and have directed MSMS management to review the pay equity issue annually and report their findings to the MSMS Board of Directors.

Reference Committee on Internal Affairs and Public Service recommended approval of Board Action Report #8.

The House adopted Board Action Report #8 with the addition that the pay equity study be extended to include interviews with the staff personnel with special attention to assessment of job responsibilities and education background, and that this inclusion be periodically reviewed.

ACTION REPORT #9 OF THE BOARD OF DIRECTORS
SUBJECT: Resolution 20-97A, "MSMS to Evaluate Health Insurance Products"

RECOMMENDATION: That MSMS continue to explore sources of information on health plan performance to enhance its health plan evaluation, and that this report be adopted in lieu of Resolution 20-97A.

Resolution 20-97A asked that MSMS enhance its health plan evaluation through inclusion of patient and physician satisfaction information and through use of quality information. Because of the potential costs associated with this expansion, the resolution was referred to the Board of Directors for study. The Board assigned the resolution to the Liaison Committee with Third Party Payers for recommendation. Issues surrounding expansion of the evaluation were discussed in both the Liaison Committee with Third Party Payers and the Advisory Committee on Medical Economics.

Last fall, the Board learned about the Quality Catalyst Program, a joint project of the MedStat Group, J.D. Powers and Associates and the New England Medical Center. The project collects patient and physician satisfaction data for health plans in selected geographic markets. The 1998 surveys will include greater metropolitan Detroit area, Lansing, Grand Rapids, Muskegon and Holland. The availability of the survey information, which will compare Michigan markets to others throughout the nation, provides an excellent opportunity to enhance our evaluation. MSMS has met with MedStat to discuss possible opportunities, and MedStat can offer individual reports on Michigan plans which we can sell to members upon request. Since MSMS does not have the capacity to survey plan members, nor the financial resources to conduct and analyze a credible survey of physician satisfaction, the MedStat survey offers a worthwhile alternative.

The uniformity of information reported to the state has improved tremendously since we began our evaluation process. All plans now report selected quality indicators to the department using the same measures and format. This information can be easily summarized for our members and included in our evaluation, scheduled for completion in late summer, 1998.

Reference Committee on Medical Care Delivery recommended Board Action Report #9 be approved.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #10 OF THE BOARD OF DIRECTORS
SUBJECT: Resolution 97-97A, "AMA as Patient Advocate: Pap Smear Screening"

RECOMMENDATION ONE: That MSMS adopt as policy the current American Cancer Society standard that: "All women who are, or who have been, sexually active or who have reached 18 years of age should undergo an annual pap test and pelvic examination. After a women has had three or more consecutive, satisfactory, annual cytological examinations with normal findings, the

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pap test may be performed less frequently on a low-risk woman at the discretion of her physician."

RECOMMENDATION TWO: That MSMS work toward requiring third party payers to recognize these standards and allow for physician discretion in this area, and provide coverage and adequate reimbursement for these examinations and tests.

RECOMMENDATION THREE: That this report be adopted in lieu of HOD Resolution 97-97A.

Resolution 97-97A asked that MSMS adopt a policy supporting routine annual PAP smears starting at age 18 or the age at which sexual activity has begun, whichever is less. The resolution also requested that the Michigan Delegation ask the AMA to adopt the same policy. The House Reference Committee recommended referral to the Board for further study into the policy statements of the American Cancer Society and the American College of Obstetrics and Gynecology which the House approved. The Board referred the resolution to the Committee on Michigan's Public Health.

The Committee reviewed the resolution, the current American Cancer Society standard, and learned that the American Medical Association has already adopted the American Cancer Society standard as its policy.

During the discussion of Resolution 97-97A, Committee members noted that numbers 6,7, and 8 of the "whereas clauses" are not accurate. Whereas number 6 should read, "Whereas, many women are now at high risk for cervical cancer," and numbers 7 and 8 should be eliminated. There is no proof of the Canadian studies referred to in the eighth "whereas clause."

The committee voted to recommend adoption of the ACOG/American Cancer Society standards allowing for physician discretion of physicians and that MSMS work toward securing third party payer recognition of those standards.

The Board of Directors concurs with the recommendations of the Committee on Michigan's Public Health, with special emphasis on seeking physician discretion in determining the frequency of tests for their patients, and defining the term "high risk status."

Reference Committee on Public Health recommended Board Action Report #10 be approved.

The House approved Board Action Report #10 Recommendations One and Three and adopted Recommendation Two as amended.

ACTION REPORT #11 OF THE BOARD OF DIRECTORS

SUBJECT: Resolution 116-97A, "Insurance Company Payment Denials"

RECOMMENDATION: That MSMS provide educational resources and advocacy for members who appeal retrospective payment denials and that this report be adopted in lieu of Resolution 116-97A.

Resolution 116-97A asked MSMS to investigate patterns of payment denial and initiate steps to help members who appeal their denials. The resolution was referred to the Board for study. The Board assigned the resolution to the Liaison Committee with Third Party Payers for study and recommendation.

MSMS surveyed members about claims payment and appeals issues and learned that many physician offices have concerns about payer response to appeals of retrospective payment denials. In a very recent instance, Blue Care Network of Great Lakes recovered tens of thousands of dollars from surgical specialists in audits of claims for a two year period. MSMS organized a meeting with Blue Care Network officials, in an effort to help the physicians avoid costly and time consuming appeals of individual cases.

On March 12, representatives of about 12 physician practices met with BCBSM and Blue Care Network officials to discuss recent audits. The audits of claims for 1995 and 1996 were conducted by an outside vendor and resulted in substantial recovery from physician practices. Because of the recent Blue Care Network merger, our meeting included statewide officials not closely connected with the Blue Care Network audit. Following discussion of substantive, due process and administrative problems with the audits, Blue Care Network officials requested some time to develop an appropriate plan of action to respond to our concerns. To our knowledge, other Blue Care Network plans are not pursuing the same audit strategy.

This effort highlights an appropriate role for MSMS to intercede when a pattern becomes evident for a particular payer. To continue this effort, MSMS can use communications vehicles to encourage physicians to report recovery actions to MSMS. Patterns may not be evident to individual physicians but will certainly become apparent if we collect information about them.

Our resources and advocacy for members can include:

Education on the steps necessary to appeal a recovery.

Education on the importance of documentation to avoid audits and recoveries.

Meetings with payers who demonstrate a pattern of excessive audit and recovery activity.

Legislation to require payers to provide due process to physicians in the audit and recovery process. Due process issues are an important part of our current efforts to amend the BCBSM statute.

Reference Committee on Medical Care Delivery recommended Board Action Report #11 be approved.

The House approved the recommendation of the Reference Committee.

ACTION REPORT #12 OF THE BOARD OF DIRECTORS

SUBJECT: Resolution 57-97A, "Managed Care and Medical Education Funding"

RECOMMENDATION: That MSMS work with Michigan managed care organizations toward local adoption of American Medical Association policies regarding all-payer funding of medical education, managed care organizations' participation in education, and education of medical students and residents about managed care, and that this report be adopted in lieu of HOD Resolution 57-97A.

This resolution asked that MSMS seek medical education funding through managed care organization payments to hospitals. The 1997 House of Delegates referred Resolution 57-97A to the Board of Directors for additional study.

The issue of managed care contribution to medical education funding is a national concern. As managed care plans grow in number and size, the concern that they benefit from the investment in medical education without sharing the burden is raised.

The American Medical Association (AMA) addressed this issue in a 1997 report from the Council on Medical Service. This report evaluated the recommendations in the Sixth Report of the Council on Graduate Medical Education (COGME). In addition to the funding issue, the report also addressed whether medical schools and residencies would produce the amounts and types of physicians needed in a managed care environment and whether students and residents are adequately prepared to practice under managed care. Current AMA policy addresses the following points:

Managed care organizations (MCOs) and other third party payers need to share in the cost of medical education through an all-payer fund, and to support and encourage the training of medical students and residents at their site.

MCOs should define the numbers, types and competencies of physicians that they need and communicate this information to medical schools and residency programs.

MCOs need to work cooperatively and collaboratively with medical schools and residency programs in developing programs to address the physician workforce and medical education.

The AMA adopted the following recommendations:

That the AMA reaffirm existing policies on all payer funding of graduate medical education (Policy 305.956), managed care organizations' participation in education (Policy 305.947), and education about managed care (Policy 295.914).

That the AMA support the concept that medical education programs and teaching institutions work collaboratively with managed care organizations and other health care delivery systems to develop educational opportunities for medical students and resident physicians that will prepare them for practice in the current health care environment.

At the state level, MSMS can influence policy through dialogue with Michigan managed care plans and input on state regulation of managed care plans. MSMS holds regular meetings with managed care medical directors where these issues can be discussed. MSMS will continue to use all of these methods to address managed care funding for and participation in medical education.

Reference Committee on Medical Care Delivery recommended Board Action Report #12 be approved.

The House approved the recommendation of the Reference Committee.

"Retired" continued from page 55

ST. JOSEPH
Hugh B. McCullough, MD

VAN BUREN
Richard J. Bower, MD

WASHTENAW
Dennis R. Burke, MD
Cara G. Doane, MD
William H. Heston, MD
George W. Morely, MD
Amir M. Mostaghim, MD
John C. Nixon, MD
Patricia A. O'Connor, MD
George D. Zuidema, MD

WAYNE
Marvin D. Anderson, MD
Roy E. Arons, MD
Arthur J. Badey Jr., MD
B. Balakrishna, MD
Angelita M. Baluyut, MD
Alphonse W. Baran, MD
Gilbert B. Bluhm, MD
Petra S. Ching, MD
Arnold M. Cohn, MD
David P. Corbett, MD
Gerald A. Cyrowski, MD
Leonard E. Ellison, MD
Angel Farina, MD
Maureen S. Federson, MD
Irvin Feldman, MD
Peter Gibson, MD
Abraham G. Gotman, MD
Moumir F. Guindi, MD
H. Richard Henderson, MD
Song G. Kang, MD
Jeffrey J. Kovan, MD
Walter H. Lee, MD
Samuel I. Lerman, MD
Ballkrishna M. Makim, MD
Peter A. Martin, MD
Joanne W. McKeine, MD
Cleon M. Michael, MD
Benjamin R. Ramos, MD
William J. Rice, MD
Edwardo Rivera, MD
Richard E. Ruel, MD
John J. Siller, MD
Gregorio G. Sio, MD
Douglas D. Strong, MD
Senen C. Tabangay, MD
Juan O. Villamin, MD
John P. Waller, MD
Melisande G. Womack, MD
Edward J. Zaleskie, MD

WEXFORD
Frank S. Baleiko, MD

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For assistance, call Karri Yeadon at 517-336-7581 or e-mail to kyeadon@msms.org.

Michigan State Medical Society

133rd ANNUAL SCIENTIFIC MEETING

October 28, 29 and 30, 1998
The Ritz-Carlton, Dearborn





Blue Cross Blue Shield of Michigan

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A complete list of courses and a registration form will be published in a special issue of *Medigram* in August.

For more information, call Brenda Menzies at 517-336-7580 or see our Web site at www.msms.org

Wednesday Morning, October 28

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Preventative Medicine is a Family Affair
- Update: Infectious Disease
- Frequently Encountered Neurological Problems
- Allergic Rhinosinusistis and Asthma
- Otologic Medicine
- Cutaneous Melanoma and Mucous Melanoma

Wednesday Afternoon, October 28

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Golden Girls and Golden Pearls
- Update in Otolarynology for the Primary Care Physician
- Cancer Clinical Research in Private Practice: Providing the Best for Our Patients
- Drug Hypersensitivity
- Changing Paradigms in Peer Review: How Will They Affect Your Practice?
- Bleeding Disorders in Women – Recognition and Management

Thursday Morning, October 29

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.
The Growing Use of Alternative Medicine

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Complementary/Alternative Medicine: Overview and Introduction "Implications For Optimal Health" (Physicians)
- Office Rheumatology: Including Lemons Among the Lymes
- Evaluation and Treatment of Hand Problems for the Primary Care Physician
- Pharmacological Considerations in Pediatrics
- Rapid Neurological Assessment in the Acute Care Setting
- Plastic Surgery for the Primary Physician

Thursday Afternoon, October 29

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Sexual Secrets
- Radiology for Clinicians
- Pain Management Liability Issues
- Diagnosis and Treatment of Occupational Injuries
- Diagnosis and Management of Common Vascular Problems

Friday Morning, October 30

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.
First Do No Harm – Making Good Policy in the Face of Scientific Uncertainty

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Michigan's Fish Consumption Controversy: What Physicians Need to Know
- Acute, Chronic and Terminal Pain Management
- Resolving Food Dilemmas for Patients of All Ages
- Neurosurgical Update
- Preventable Renal Diseases: Hypertension, Diabetes, Ischemia
- Technology Symposium – Part 1
- Hands-On Introduction to Computers and the Internet

Friday Afternoon, October 30

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- What's New in Urology
- Clinical Update in Colon and Rectal Surgery
- Management of Cardiovascular Disease and Diabetes
- Benefits and Risks of Hormone Replacement Therapy in Menopausal (HRT) Women
- Physicians and Managed Care
- Technology Symposium – Part 2
- Hands-On Introduction to Computers and the Internet

MSMS Honors Physicians for Outstanding Achievements

National Presidents Awards

Awards were presented to the following for their service as presidents of national medical organizations:

Michael Benninger, MD (Oakland County)
President
American Rhinologic Society

Julian T. Hoff, MD (Washtenaw County)
President
American Academy of Neurological Surger

Larry Lawhorne, MD (Gratiot County)
President
American Medical Directors Association

John Voorhees, MD (Washtenaw County)
President
Society for Investigative Dermatology

Janice Werbinski, MD, FACOG (Kalamazoo County)
President
American College of Women's Health Physicians

Presidential Citation

This award, presented to physicians or lay persons who have made an outstanding contribution to medicine in the state, was presented to:
Howard A. Brody, MD, PhD (Ingham County)

Frederick and Besse Moulton Plessner Award

This award is presented by the MSMS Board of Directors to a rural physician who "best exemplifies the practice of a rural county practitioner." This years recipient was:
Donald D. Finlayson, MD (Chippewa, Mackinac County)

50 Year Awards

Gerald J. Aben, MD, *Wyandotte*
William Arendshorst, MD, *Holland*
Mac J. Armstrong, MD, *Southfield*
Norman F. Bach, MD, *Owosso*
Thomas W. Baumgarten, MD, *Harsens Island*
Stanley M. Beck, MD, *Middletown, OH*
Eugene B. Becker, MD, *Flint*
Robert W. Black, MD, *Ft. Lauderdale, FL*
Marvin Bonzelaar, MD, *Hudsonville*
Alvin Bonzelaar, MD, *Holland*
Harold E. Bowman, MD, *Muskegon*
Fred W. Bryant, MD, *Troy*
Quinter M. Burnett, MD, *Levering*
Donald J. Cady, MD, *Linwood*
Nancy T. Caputo, MD, *Grosse Pte. Shores*
Rankin L. Carefoot, MD, *Traverse City*
Eugene J. Cetnar, MD, *Bloomfield Hills*
Mahmoud Chafty, MD, *Port Huron*
Ned I. Chalat, MD, *Grosse Pte. Park*
John P. Champion, MD, *Palm Beach Gardens, FL*
R. Jack Chase, MD, *Grand Rapids*
Frederick L. Clement, MD, *Glenn*
Veldora F. Clunas, MD, *Pickney*
Melvin F. Cohen, MD, *Farmington Hills*
Richard F. Cooper, MD, *Northville*
Stanley A. Cosens, MD, *Boynton Beach, FL*
Richard K. Crissman, MD, *Grand Rapids*
Harry R. Custer, MD, *Gulf Shores, AL*
Robert D. Danforth, MD, *Grosse Pte. Woods*
Hamazasp B. Darian, MD, *Bloomfield Hills*
Jean H. Darling, MD, *Oldsmar, FL*
William N. Davis, MD, *Taylor*
Gennaro J. DiMaso, MD, *East Detroit*
Willis L. Dixon, MD, *Grand Rapids*
Robert W. Dustin, MD, *Bloomfield Hills*
Paul J. Dzul, MD, *Grosse Pte. Shores*
Sydney A. Elk, MD, *Wurtsmith*
Mehmet E. Erdem, MD, *Clearwater, FL*
John O. Esslinger, MD, *Alden*
Samuel R. Fink, MD, *West Bloomfield*
Winslow G. Fox, MD, *Ann Arbor*
Armin T. Franke, MD, *Port Huron*
John R. Gehman, MD, *Woodville, Ont., Canada*

continued on page 66



Peter A. Duhamel, MD, (right) had the great privilege of awarding the society's highest honor, the Presidential Citation, to Howard A. Brody, MD, PhD, in recognition of Doctor Brody's contributions to physicians and their patients in the area of medical ethics and improvements in end-of-life care.



Donald D. Finlayson, MD, Chippewa, (left) received this year's Plessner Award for best exemplifying the character of the rural family physician. Presenting the award was MSMS Board Chair Krishna K. Sawhney, MD.

"50 Year" continued from page 64

John A. Gilroy, MD, *Franklin*
Alegro J. Godley, MD, *Detroit*
Rudolf Goetz, MD, *Flint*
Nurettin B. Gokcora, MD, *Clearwater, FL*
Richard D. Goldner, MD, *Birch Run*
Robert C. Good, MD, *Alto*
Warren W. Goodwin, MD, *Bloomfield Hills*
John H. Griffin, MD, *Hilton Head Island, SC*
Robert J. Griffin, MD, *Grosse Pte. Shores*
Warren G. Hardy, MD, *Grosse Pte. Woods*
Worth W. Henderson, MD, *Rochester*
Raymond S. Henkin, MD, *Bloomfield Hills*
Sidney J. Hillenberg, MD, *West Bloomfield*
Milton C. Hoffman, MD, *Sarasota, FL*
William K. Howard, MD, *Detroit*
Robert H. Hume, MD, *Kalamazoo*
H. Ross Hume, MD, *Harbor Springs*
James J. Humes, MD, *Ponte Vedra Beach, FL*
Aliqemal Hysni, MD, *Detroit*
George P. Inge, MD, *Detroit*
Kenneth Israel, MD, *Franklin*
Henry D. Kaine, MD, *Novi*
A. T. Karabey, MD, *Bloomfield Hills*
William E. Kincaid, MD, *Grand Rapids*
Edwin M. Knights, MD, *Grantham, NH*
Edward T. Konno, MD, *Bloomfield Hills*
Anne C. Kuhn, MD, *Beverly Hills*
Eugene J. Kulinski, MD, *Essexville*
Ruben S. Kurnetz, MD, *Birmingham*
Philip F. Lange, MD, *Beaver Island*
Louis F. Lawrence, MD, *Bloomfield Hills*
Leonard H. Lerner, MD, *West Bloomfield*
Joseph C. Leshock, MD, *East Lansing*
Gerald I. Maas, MD, *Jackson*
Robert E. Mack, MD, *Detroit*
George S. Mackey, MD, *Royal Oak*
Andreas A. Marcotty, MD, *Bloomfield Hills*
R. Ralph Margulis, MD, *Troy*
Burton V. Matthews, MD, *Grosse Ile*
John H. McLaughlin, MD, *Birmingham*
Joseph M. McNamara, MD, *Marco Islands, FL*
Harry E. Meisner, MD, *Lake Angelus*
Raymond C. Mellinger, MD, *Detroit*
Karl J. Merkle, MD, *Dearborn*
Andy L. Messenger, MD, *Lansing*
Robert M. Michels, MD, *Flushing*
Donald B. Moore, MD, *East Lansing*
Warren R. Moore, MD, *St. Clair Shores*
Raymond H. Murray, MD, *Lansing*
Robert M. Nicholson, MD, *Kalamazoo*
Harold H. Niekamp, MD, *Houghton Lake*
Clarence B. Nyce, MD, *Kalamazoo*
Sezai M. Olgac, MD, *Bay City*
Roland B. Ormsbee, MD, *New Bern, NC*
John S. H. Pai, MD, *Kalamazoo*
Lester C. Paterson, MD, *Spring Lake*
Erwin G. Pear, MD, *Bloomfield Hills*
William H. Pierce, MD, *Bloomfield Hills*
Mehmet S. Piskin, MD, *Treasure Island, FL*
Robert W. Pollack, MD, *Scottsdale, AZ*
Richard J. Pollard, MD, *Green Valley, AZ*
Frederick G. Porter, MD, *Plymouth*
Robert B. Pryor, MD, *Hastings*
Seymour L. Rapp, MD, *Bloomfield Hills*
Robert E. Richard, MD, *Bloomfield Hills*
John H. Robbert, MD, *Grandville*
William Roosenberg, MD, *Grand Rapids*
Norman Rosenzweig, MD, *Southfield*
Ralph J. Schlosser, MD, *Ada*
Harry J. Schmidt, MD, *East Lansing*
Donald N. Schwing, MD, *Onekama*
Robert L. Segula, MD, *Sun City Center, FL*
B.H. Southwick, MD, *Grand Rapids*
James F. Speers, MD, *Staonton, VA*
William M. Steele, MD, *Cottonwood, AZ*
Frank M. Steele, MD, *Kalamazoo*
Walter F. Stempek, MD, *Traverse City*
Wesley F. Stephenson, MD, *Dryden, NY*
Frederick N. Talmers, MD, *Allen Park*
Yoeh M. Ting, MD, *West Bloomfield*
James F. Tobin, MD, *Ishpeming*
L. A. Van Becelaere, MD, *Grosse Ile*
Jay J. Van Zoeren, MD, *Birmingham*
Corwin G. VanDerVeer, MD, *Holland*
John J. Vrbanac, MD, *Hart*
C. Herbert Wang, MD, *Dearborn*
William B. Weil, Jr., MD, *East Lansing*
George A. West, MD, *Adventura, FL*



Medical school graduates of the 1948 class gathered at the House of Delegates to receive 50-year pins.

R. N. Whittenberger, MD, *Grand Rapids*
Marvin B. Wolf, MD, *Traverse City*
Z. T. Zbikowski, MD, *Northville*

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Delegates Record of Attendance

May 1-3, 1998

OFFICERS:

Speaker:			
Dorothy M. Kahkonen, MD	X	X	X
Vice-Speaker:			
Paul O. Farr, MD	X	X	X
Secretary:			
Thomas R. Berglund, MD	X	X	X

DELEGATES AND ALTERNATES

ALLEGAN:			
Not Represented			
ALPENA-ALCONA-PRESQUE-ISLE:			
Richard D. Bates, MD	-	-	-
Peter Aliferis, MD	-	-	-
BARRY:			
David M. Woodliff, MD	X	X	X
BAY:			
Scott A. Baker, MD	-	-	-
Mark C. Komorowski, MD	-	-	-
Bernhardt L. Pederson, MD	-	-	-
Carol L. van der Harst, MD	-	X	X
BERRIEN:			
Michael Eggebrecht, DO	X	X	X
Thomas D. Huntington, MD	X	X	X
Gregory G. Pacentine, DO	-	-	-
David A. Puzycki, MD	-	-	-
BRANCH:			
James P. Dempsey, MD	-	-	-
Robin Goodfelllow, MD	X	X	X
CALHOUN:			
James G. Dobbins, MD	X	X	-
Jeffrey R. Mitchell, MD	X	-	X
Robert W. Oakes, MD	X	X	X
Stephen L. Smiley, MD	-	-	-
Steven C. Yuill, MD	-	-	-
John Bizon, MD	X	X	X
Curtis E. Hightower, MD	X	X	X
CASS:			
Boonchoo Chang, MD	-	-	-
Henry V. Guzzo, MD	-	-	-
CHIPPEWA-MACKINAW:			
Edward N. Johnson, MD	-	-	-
CLINTON:			
Donald L. Porter, MD	-	-	-
DELTA:			
Carol A. Krieg, MD	-	-	-
Kent E. Anderson, MD	-	-	-
DICKINSON-IRON:			
Vijay Singh, MD	-	-	-
EATON:			
Kory V. Deason, MD	X	X	X
GENESEE:			
Abd A. Alghanem, MD	X	X	X
Michael C. Boucree, MD	X	X	X
Pino Colone, MD	X	X	X
Carlo A. Dall=Olmo, MD	X	X	X
Ali A. Esfahani, MD	-	X	-
Cyrus Farrehi, MD	-	-	-
Edwin H. Gullekson, MD	X	X	X
Kenneth A. Jordan, MD	X	X	X
Vivian M. Lewis, MD	X	X	X
Kalyani Misra, MD	X	X	-
Sudarsan Misra, MD	X	X	X
Jagdish K. Shah, MD	-	-	-
Robert M. Soderstrom, MD	-	-	-
Allen F. Turcke, MD	X	X	X
Amitabha Banerjee, MD	X	X	X
Venkat K. Rao, MD	X	X	X
GOGEBIC:			
Rudy W. Stefancik, MD	X	X	X
GRAND TRAVERSE-LEELANAU-BENZIE:			
Robert E. Barnes, MD	-	X	X
Edward J. Rutkowski, MD	X	X	X
Richard C. Schultz, MD	-	X	X
Steven V. Thomas, MD	-	X	X
GRATIOT:			
Ashok R. Sonnad, MD	-	X	-
HILLSDALE:			
Ross J. Brechner, MD	-	X	-
HOUGHTON-BARAGA-KEWEENAW:			
Mark R. Shebuski, MD	X	X	X
HURON:			
James C. Greenfield, DO	X	X	X
INGHAM:			
Glen N. Ackerman, MD	-	-	-
John R. Addy, MD	X	X	X
Julie A. Dodds, MD	-	-	-
Omero S. Iung, MD	X	X	X
David K. Johnson, MD	X	X	X
Jeanne M. Kapenga, MD	-	-	X
Edward D. Lanigan, MD	X	X	X
Brian R. McCardel, MD	-	X	X
Gregory G. Messenger, MD	X	X	X
Mohammad Mohsenian, MD	X	X	-
Phillip B. Storm, MD	-	X	X
IONIA-MONTCALM:			
Doyle E. Calley, MD	X	X	X
IOSCO-ARENAC:			
Surya N. Sankaran, MD	X	X	X
ISABELLA-CLARE:			
Not Represented			
JACKSON:			
Richard M. Byler, MD	X	-	X
Walter G. Korytowsky, MD	X	X	X
Moses Muzquiz, MD	X	X	X
Bernard Z. Reizner, MD	X	X	X
KALAMAZOO:			
Owen M. Berow, MD	X	X	X
Kenneth A. Fisher, MD	-	-	-
Thomas M. George, MD	X	X	X
Joseph E. Kincaid, MD	X	X	X
David A. Milko, MD	X	X	X
Dale E. Rowe, MD	X	X	X
John R. Trittschuh, MD	-	X	X
Ronald L. VanderLugt, MD	X	X	X
Janice L. Werbinski, MD	X	X	X
B. David Wilson, MD	X	X	X
Sunil Pasricha, MD	X	X	X
KENT:			
John H. Beernink, MD	X	X	X
R. Paul Clodfelder, MD	X	X	X
Michelle M. Condon, MD	-	X	X
Patrick J. Droste, MD	-	X	X
Douglas A. Edema, MD	-	-	-
Paul O. Farr, MD	X	X	X
Domenic R. Federico, MD	X	X	X
Gregory J. Forzley, MD	X	X	X
Karyn E. Gell, MD	-	-	-
John H. Kopchick, MD	X	X	X
Ann M. Minnema, MD	-	-	-
John P. Papp, MD	-	-	-
Sarla Puri, MD	-	-	-
Robert C. Richard, MD	-	-	-
Jack L. Romence, MD	-	X	X
Paul G. Schutt, MD	X	X	X
Anthony J. Senagore, MD	-	-	-
Francis J. Verde, MD	X	X	X
David D. Verdier, MD	-	X	X
Kathleen J. Yost, MD	X	X	X
Lee P. Begrow, DO	X	X	X
Judith A. Hiemenga, MD	X	X	X
Khan J. Nedd, MD	-	-	X
Michael D. Olgren, MD	X	X	X
Mark E. Sheldon, MD	X	-	-
Angela R. Tiberio, MD	X	X	X
LAPEER:			
Not Represented			
LENAWEE:			
Inad Haddad, MD	X	X	X
David M. Kaisler, MD	-	-	-
LIVINGSTON:			
Thomas F. Higby, MD	-	-	-
LUCE:			
Not Represented			
MACOMB:			
Adrian J. Christie, MD	X	-	-
Juan-Carlos DiMusto , MD	X	X	X
Paul R. Kipp, MD	X	X	X
Earl G. Moehn, MD	-	-	-
Richard H. Schiappacasse, MD	-	-	-
Milton F. Simmons, MD	X	X	X
Akemi Takekoshi, MD	X	X	-
David S. Weisgarden, MD	-	-	-
Bruce E. Carl, MD	-	X	-
Lawrence F. Handler, MD	-	X	-
Manouchehr Nikpour, MD	X	X	X
MANISTEE:			
Vickers C. Hansen, MD	X	X	-

MARQUETTE-ALGER:
Cheryl Davison, MD X X X
John W. English, MD X X X
Carl F. Hammerstrom, MD X X X

MASON:
Not Represented

MECOSTA-OSCEOLA-LAKE:
David C. Nolan, MD - - -

MENOMINEE:
Not Represented

MIDLAND:
Timothy J. Kosinski, MD - - -
David E. Randolph, MD X X X
Thomas J. Zuber, MD X - X

MONROE:
Kenneth J. McNamee, MD - - -
S. R. Nair, MD - X X
Busharat Ahmad, MD X X X

MUSKEGON:
Frederick B. Brown, MD X X X
Stephen E. Fisher, MD - - -
Douglas Hoch, MD X X -
David Nadeau, MD X X X
Thomas E. Stone, MD X X X

NEWAYGO:
James D. Webb, MD X X X

NORTH CENTRAL:
William H. McNamara, MD - X X

NORTHERN MICHIGAN:
Charles J. Heyka, MD X X X
Marc E. Lame, MD X X X
Louis R. Zako, MD X X X

OAKLAND:
Jaime V. Aragones, MD X X X
Joseph A. Arena, Jr., MD X X X
Edward E. Barton, MD - - -
Carolyn W. Bird, MD X X X
George L. Blum, MD X - -
Edward M. Cohn, MD - - X
Michael A. Dorman, MD X - X
Nitin C. Doshi, MD - - -
A. Bradley Eisenbrey, MD - - -
George R. Gerber, MD X X X
Robert S. Goldfarb, MD - - -
Peter F. Gordon, MD - - -
James D. Grant, MD X X X
Harvey W. Halberstadt, MD X X X
Kamalesh Lahiri, MD X X -
Bruce T. Lessien, MD X X X
Kenneth J. Levin, MD X X -
Murray B. Levin, MD X X -
Robert S. Levine, MD X X X
Thomas Mathew, MD X - -
George B. Moser, MD X X -
Peter T. Muller, MD X X X
Steven E. Newman, MD X X X
Peggyann Nowak, MD X X X
Renato G. Ramos, MD - X X
Jerome F. Rose, MD - - -
Ghalib Y. Talia, MD X - -
Sherry L. Viola, MD - - -
Gertraud Wollschlaeger, MD X X -
Raoul R. Seifeldin, MD X - -

OCEANA:
Steven R. Lessens, MD - - -

ONTONAGON:
Steven N. Gervae, MD - - -

OTTAWA:
William D. Doebler, MD - - -
Michael D. Driscoll, MD X X X
Donald E. Sikkema, MD - - -
Fernando C. Gomez, MD X X X
Carlos E. Tavera, MD X X X

SAGINAW:
Waheed Akbar, MD X X X
Edward P. Balcueva, MD X X X
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COVER STORY



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MEDICARE FRAUD AND ABUSE
Honest Physicians, Like You, Need to Know New Rules 24

A U.S. Health and Human Services audit from July 1997 claimed that fraud and abuse in Medicare fully devoured 14 percent of the program's budget, a staggering $23 billion. The federal government has responded in recent years with an avalanche of new legislation to combat this fraud and abuse, each new law seemingly determined to outdo previous efforts in "getting tough."

By Ralph D. Ward

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Change is Good: Board of Medicine Expands its Focus 12

Although the Board of Medicine's main purpose is to address discipline issues with the state's medical doctors, it is now focusing on additional issues including pain management and the impact of managed care.

By Kathleen Farrell

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New Medicare Carrier Promises Smooth Transition 18

As of August 1, 1998, the state of Michigan welcomes a new Medicare Part B carrier. Wisconsin Physicians Service (WPS) Insurance Corporation brings a strong corporate profile and promises a solid commitment to its clients.

By: Stacy R. Lammers

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Two Grand Rapids physicians combine their talents and interests to fill an untouched niche in Civil War literature.

By Lisa Weatherford

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From the county level all the way to the President of the United States, the interests of organized medicine wield influence unmatched in our government today. Physicians have built this reputation from the ground up with a solid grassroots organization.

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

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Friday Evening

4:00 to 6:00 pm	**Check-in and Registration**
5:30 to 6:30 pm	**Reception with a View** Sponsored by Blue Cross Blue Shield of Michigan Foundation
6:30 to 7:30 pm	**Dinner**
7:30 to 7:40 pm	**Welcoming Remarks** *Cathy O. Blight, MD*, President Michigan State Medical Society *Ira Strumwasser, PhD*, Executive Director & CEO Blue Cross Blue Shield of Michigan Foundation *James K. Haveman, Jr.*, Director Michigan Department of Community Health
7:40 to 8:30 pm	**"The Ethical Dilemma of Managed Care: What Can We Learn From a National Health Service Model?"** *John M. Stanley, PhD*, Convener, "The Appleton Consensus Project" Professor of Ethics in Medicine, Science and Society **Lawrence University, Appleton, Wisconsin**
8:30 to 8:45 pm	**Discussion**
8:45 to 10:00 pm	**Meet the Speakers Dessert Reception** Informal discussion with speakers and guests

Saturday Morning

7:30 to 8:30 am	Late Registration
8:30 to 8:35 am	**Opening Remarks** *Kenneth H. Musson, MD*, Chair, Board of Directors Michigan State Medical Society
8:35 to 8:40 am	**Introduction of Speakers** *Howard A. Brody, MD, PhD*, Chair, MSMS Committee on Bioethics Professor, Family Practice and Philosophy Director, Center for Ethics and Humanities in the Life Sciences **Michigan State University College of Human Medicine**
8:40 to 9:40 am	**"Medical Ethics and Managed Care: Are They Compatible?"** *Thomas S. Bodenheimer, MD, MPH* Internal Medicine, Bay West Family Health Care Clinical Professor, Family and Community Medicine **University of California at San Francisco School of Medicine**
9:40 to 10:15 am	**Discussion**
10:15 to 10:30 am	**Break**
10:30 to 11:30 am	**"Patients, Physicians and Health Plans" Panel Discussion** *Howard A. Brody, MD*, Facilitator *Thomas L. Simmer, MD*, Medical Director Vice President, Medical Affairs **Health Alliance Plan** *Susan Dorr Goold, MD, MHSA, MA* Assistant Professor, Division of General Medicine Associate Director for Ethics and Health Policy, Program in Society and Medicine **University of Michigan Medical School**
11:30 to 11:45 am	**Discussion**
11:45 to 12:15 pm	**"Turmoil in Health Care: The Patient Perspective"** *Patricia Anstett*, Medical Writer **The Detroit Free Press**
12:15 to 12:30 pm	**Discussion**
12:30 to 2:00 pm	**Lunch** in Grand Hotel Dining Room

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Saturday Afternoon

2:00 to 4:30 pm **Concurrent Breakout Sessions** - Choose Spirituality or Genetics, or portions of each

Spirituality Session

2:00 to 2:45 pm **"Spirituality and Medicine"**
James E. Waun, MD
Vice Chair, MSMS Committee on Bioethics
Obstetric Anesthesiologist, Sparrow Hospital, Lansing
Assistant Clinical Professor, Surgery and Ob/Gyn
Michigan State University College of Human Medicine

2:45 to 3:00 pm **Discussion**

3:00 to 3:15 pm **Break**

3:15 to 4:00 pm **"Spirituality, the Spirit and Being There: On Spiritual Presence"**
Allen Verhey, PhD
Professor of Religion
Hope College, Holland, Michigan

4:00 to 4:15 pm **Discussion**

4:15 to 4:30 pm General discussion with both speakers

Genetics Session

2:00 to 2:45 pm **"The Rising Tide of Genetic Testing: Are We Facing a Tsunami or a Storm Surge?"**
David J. Doukas, MD
Associate Professor, Department of Family Medicine
Associate Director for Clinical Bioethics, Program in Society and Medicine
Director, Values in Bioethics Research Program
University of Michigan Medical School

2:45 to 3:00 pm **Discussion**

3:00 to 3:15 pm **Break**

3:15 to 4:15 pm **"Genetic Testing: Is This What the Doctor Should Order?"**
Leonard M. Fleck, PhD
Professor, Philosophy and Medical Ethics
Center for Ethics & Humanities in the Life Sciences
Michigan State University College of Human Medicine

4:15 to 4:30 p.m. General discussion with both speakers

Saturday Evening

6:00 to 7:30 p.m. **Dinner** in Grand Hotel Dining Room

Sunday Morning

Breakfast in Grand Hotel Dining Room
Departure

10:00 am to 4:00 pm **MSMS Committee on Bioethics Annual Retreat**

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Status of Constitutional Attacks Against Malpractice Reform Legislation and Importance of Supreme Court Elections

By Richard D. Weber, JD, MSMS legal counsel

Question: I am aware that many of the malpractice reform provisions have been the subject of constitutional attack by plaintiff lawyers. I understand that MSMS has filed briefs in support of the constitutionality of the legislation. Would you please review the primary provisions enacted and advise on the status of the Appellate Court proceedings?

Answer: In the early 1980s MSMS embarked upon a major effort to ameliorate the malpractice liability crisis confronting physicians, patients and society. MSMS leaders determined that a three-part approach was required: (1) specific legislation had to be drafted; (2) the legislation had to be enacted into law; and (3)the legislation had to be held constitutional by the Courts. The first two parts have been successfully accomplished, although it took major legislative incentives in 1986 and 1993, effective April 1, 1994. We are now actively engaged in the third and final phase. Our Law firm has prepared and filed *amicus curiae* briefs on behalf of MSMS in support of the constitutionality of all malpractice reform legislation that has come before the Michigan Court of Appeals and the Michigan Supreme Court.

Although the length of this column does not allow for a detailed analysis, the following sets forth the most significant statutory provisions and the current status of the constitutional challenges.

Non-Economic Damage Limitation

Non-economic damages (pain and suffering) are capped at $280,000, unless one of three exceptions applies, in which case the limit increases to $500,000. The limits are subject to a consumer price index adjustment. The exceptions focus on the severity of the injury and are limited to (1) permanent paralysis from brain or spinal cord damage, (2) permanent impairment of cognitive capacity, or (3) permanent loss of a reproductive organ resulting in the inability to procreate.

There have been no appellate court decisions determining the constitutionality of the non-economic damage limitation, either under the existing 1994 legislation or the original 1986 legislation. There have been trial court opinions that have gone both ways, but these decisions do not establish precedent. It is anticipated that one or more of these trial court decisions will be brought before the Michigan Court of Appeals later this year or early next year, and the ultimate constitutionality will be decided by the Michigan Supreme court.

Expert Witness Qualifications

The statute requires that an expert witness be licensed and meet certain objective tests. If the defendant is a specialist, the expert must have specialized at the time of the occurrence in the same specialty. If the defendant is board-certified, the expert witness must be board-certified in the same specialty. In addition, the expert must have devoted a majority of his or her professional time during the year immediately preceding the occurrence to the active clinical practice of that specialty and/or the instruction in an accredited health professional school in the same health profession and specialty of the defendant. If the defendant is a general practitioner, the expert must have devoted a majority of his or her professional time during the year immediately preceding the date of the occurrence to the active clinical practice as a general practitioner and/or the instruction in an accredited school or residency program in the same health profession as the defendant.

The Michigan Court of Appeals has held that the 1986 expert witness qualification statute is unconstitutional. The Michigan Supreme Court has granted leave to appeal. Arguments in three companion cases are scheduled for October. MSMS has filed an *amicus curiae* brief with the Michigan Supreme Court in support of the constitutionality of the statute. Among entities filing briefs arguing that the statute is unconstitutional are the Michigan Bar Association, Michigan Trial Lawyers Association, AFL-CIO and UAW. The basis for the Court of Appeals decision is the separation of powers provision under the Michi-

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

gan Constitution. The Court of Appeals held that the statute constituted an unconstitutional encroachment upon the powers of the judiciary to prescribe rules of evidence. A constitutional decision relating to the 1986 statute will likely be controlling on the constitutionality of the 1994 statute.

Affidavit of Merit

The statute requires a plaintiff to file an Affidavit of merit with the complaint. The Affidavit must be signed by a health professional who meets the expert witness requirements under the above statute. It must certify that all medical records have been reviewed and contain a statement as to the applicable standard of care, an opinion that the standard was breached, the actions that should have been taken or omitted to have complied with the standard, and the manner in which the breach was a proximate cause of the injury. The defendant must file a similar Affidavit of Meritorious Defense within 91 days after the plaintiff has filed the Affidavit of merit.

The Court of Appeals has heard oral arguments on the constitutionality of the Affidavit of Merit in two separate cases. Although no decision has been rendered, a separate panel of the Court of Appeals has enforced the Affidavit of Merit contained in the 1986 Statute, without deciding the constitutionality.

182-Day Pre-Suit Notice

A notice must be given to all defendants at least 182 days prior to the commencement of any malpractice action. The notice must contain the statement of the factual basis for the claim, the applicable standard of practice alleged by the claimant, the manner in which the standard was breached, the alleged action that should have been taken to comply with the standard, the manner in which the breach was the proximate cause and the names of all health professionals and facilities that claimant is notifying. A similar notice must be given by the Defendants within 154 days after receipt of the plaintiff's notice.

The Court of Appeals has held that this provision is constitutional. Although the issue is not currently before the Supreme Court, it is anticipated that an ultimate decision will be rendered by that court.

Statute of Limitations With Respect To Minors

A person eight years of age or less must commence a malpractice action on or before that person's 10th birthday. The sole exception is if the claim involves an injury to the person's reproductive system, in which the event the minor plaintiff may commence an action up to his/her 15th birthday.

The Court of Appeals held that the 1986 statute of limitations applicable to minors was constitutional. The Michigan Supreme Court denied leave to Appeal. That decision should represent binding precedent with respect to the 1994 statute.

Statute of Repose

This statute terminates a cause of action notwithstanding the plaintiff's lack of discovery of the claim. The claim of a competent adult must be brought within 6 years of the alleged malpractice or the claim is barred regardless of whether or when the plaintiff had knowledge of the alleged malpractice. Two exceptions include fraudulent conduct of the health care provider preventing discovery and an injury to the reproductive system resulting in the inability to procreate.

The Court of Appeals has rejected a constitutional attack on the Statute of Repose and the Supreme Court has denied leave to Appeal.

Other Provisions

Other malpractice reform legislation has either been upheld by the courts or otherwise applied by the courts without constitutional challenge. These include provisions relating to venue, pre-judgment interest, including abolition of interest on future damages, the abolition of the collateral source rule, a common law rule which allowed plaintiffs to recover double benefits paid by third parties, the retention of joint and several liability and the reversal of the judicially created lost chance of survival cause of action.

Supreme Court Composition

The constitutionality of the Medical Liability Reform Legislation and each of its component parts will ultimately be decided by the Michigan Supreme Court. There are seven jus-

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tices on the Michigan Supreme Court and three of the positions are up for election in November. Although the political parties each nominate candidates for these "independent" judicial posts, and the party conventions have not occurred as of the drafting of this article, two well qualified candidates will be on the ballot. Justice Clifford Taylor, a former Court of Appeals Judge and an appointee to the Michigan Supreme Court by Governor Engler, is up for re-election. It is critical that Justice Taylor be re-elected. He is a conservative justice who has exhibited a strict construction of the Constitution and stands firmly against judicial legislation. Judge Maura Corrigan, currently Chief Judge of the Michigan Court of Appeals, has announced her candidacy for the position to be vacated by Justice Patricia Boyle. Judge Corrigan has also exhibited excellent judicial qualifications and is expected to apply strict constructionist policies to constitutional interpretation. It is absolutely essential that physicians support Justice Taylor and Judge Corrigan in the Supreme Court Election and pass the message to their patients and others that their elections are critical to the successful resolution of the third phase of the hard fought efforts in reforming medical liability by upholding the constitutionality of the legislation. ■

The author is senior partner with Kerr, Russell, and Weber, Detroit.

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All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Preventative Medicine is a Family Affair
- Update: Infectious Disease
- Frequently Encountered Neurological Problems
- Allergic Rhinosinusistis and Asthma
- Otologic Medicine
- Cutaneous Melanoma and Mucous Melanoma

Wednesday Afternoon, October 28

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Golden Pearls from the Golden Girls
- Update in Otolarynology for the Primary Care Physician
- Cancer Clinical Research in Private Practice: Providing the Best for Our Patients
- Drug Hypersensitivity
- Changing Paradigms in Peer Review: How Will They Affect Your Practice?
- Bleeding Disorders in Women – Recognition and Management

Thursday Morning, October 29

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.
The Growing Use of Alternative Medicine

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Complementary/Alternative Medicine: Overview and Introduction "Implications For Optimal Health" (Physicians)
- Office Rheumatology: Including Lemons Among the Lymes
- Evaluation and Treatment of Hand Problems for the Primary Care Physician
- Pharmacological Considerations in Pediatrics
- Rapid Neurological Assessment in the Acute Care Setting
- Plastic Surgery for the Primary Physician

Thursday Afternoon, October 29

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Sexual Secrets: Everything Your Patients Want You to Know But are Affraid to Tell
- Radiology for Clinicians
- Pain Management Liability Issues
- Diagnosis and Treatment of Occupational Injuries
- Diagnosis and Management of Common Vascular Problems

Friday Morning, October 30

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.
First Do No Harm – Making Good Policy in the Face of Scientific Uncertainty

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Michigan's Fish Consumption Controversy: What Physicians Need to Know
- Acute, Chronic and Terminal Pain Management
- Resolving Food Dilemmas for Patients of All Ages
- Neurosurgical Update
- Preventable Renal Diseases: Hypertension, Diabetes, Ischemia
- Technology Symposium – Part 1
- Hands-On Introduction to Computers and the Internet

Friday Afternoon, October 30

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- What's New in Urology
- Clinical Update in Colon and Rectal Surgery
- Management of Cardiovascular Disease and Diabetes
- Benefits and Risks of Hormone Replacement Therapy in Menopausal (HRT) Women
- Physicians and Managed Care
- Technology Symposium – Part 2
- Hands-On Introduction to Computers and the Internet

Change is Good.

Board of Medicine Expands its Focus

By Kathleen Farrell

Harold Sauer, MD, has seen some unusual cases over the years as a member of the Michigan Board of Medicine. One involved a former classmate who was trading controlled substance prescriptions for automatic weapons and submachine guns. "He flushed his medical license down the toilet," says Doctor Sauer. "It was just unbelievable."

Doctor Sauer, associate professor and interim chair of the department of Obstetrics, Gynecology, and Reproductive Biology at MSU's College of Human Medicine, is one of 19 members of the Michigan Board of Medicine, which is comprised of 10 physicians, one physician's assistant, and eight public members. All are appointed by Governor John Engler after an extensive and confidential screening process. And, although the Board's main purpose is to address discipline issues with the state's medical doctors, it is also focusing on other issues including pain management and the impact of managed care.

"We help them set up guidelines, criteria for dealing with bad doctors, and sanctions for trying to make things as uniform as possible."
Philip Margolis, MD

Douglas Mack, MD, MPH, currently is chair of the Michigan Board of Medicine as well as chief medical examiner and director of the Kent County Health Department. "It's a lot of work, and I enjoy it," says Mack, who is in his second year of chairing the Board, his sixth as a member. He hadn't even considered running for the board until MSMS suggested him as a possible candidate. "I thought it over and figured, well, a public health physician's role is one of assurance in terms of the health of individuals in the community and if that can be played out in the role of disciplining bad apples, then that sort of fits," he says. "And, quite frankly, in every profession there are some bad apples. It's the public's and the government's way of saying we have a responsibility of making certain that all licensed professionals meet a standard of expectation in terms of the privilege they have of providing a service to the people of that state."

The Michigan Board of Medicine originally was formed with the enactment of Public Act 237 of 1899, which provided for the examination, regulation, licensing, and registration of physicians and surgeons in the state, and for the discipline of offenders against the Act. According to the Michigan Department of Consumer and Industry Services' Office of Health Services, which oversees the board, the "Public Health Code mandates certain responsibilities and duties for a health professional licensing board. Underlying all duties is the responsibility of the board to promote and protect the public's health, safety, and welfare. This responsibility is implemented by the board by ascertaining minimal entry-level competency of medical doctors, and requiring continuing medical education during licensure. The Board also has the obligation to take disciplinary action against licensees who have violated the Michigan Public Health Code."

Doctor Sauer is in his seventh year on the Board, having served as chair from 1994-97. He also is an active committee member with the national Federation of State Medical Boards based in Euless, Texas. Doctor Sauer says that reports to the state board come from patients or family members, hospitals, medical staffs, and on a very rare basis, county medical societies. He says pain management and managed care have become big issues for the Board.

"Pain management is very much in the public eye particularly in terms of terminal pain issues," he says, explaining that the treatment of patients with chronic, non-terminal pain can also cause problems for physicians. "Every physician is afraid of being dinged for writing too many controlled substances prescriptions, but there really are a few bad apples out there who



Phillip M. Margolis, MD



Douglas Mack, MD, MPH



Harold Sauer, MD

truly abuse the system, writing prescriptions for money."

As far as managed care, Doctor Sauer says the way the Board judges its physicians has taken on a wider, more complicated scope. In the past, "If a physician was judged to have performed substandard medical care or have had any of the issues that would lead to sanctions, the board would have imposed sanctions without difficulty. But now there are always afterthoughts: 'Well, if we give this person a reprimand or probation, will they be unable to practice in a managed care environment? Will they be blacklisted for three years? Are we imposing undue economic hardship we wouldn't have even considered a few years ago?' So frankly, managed care organizations are barring people with board actions from participating in their groups and this is not at all the intention of the Board of Medicine. If they've been given a reprimand or probation, yes, there's a specific area of concern that can be addressed, but it's not meant to have a severe economic impact on the practice of the individual."

One program supported by the Board is the Health Professionals Recovery Program, which helps physicians with substance abuse issues move toward recovery before the situation reaches the disciplinary stage.

"A physician with a substance abuse problem, whether it be illicit drugs or alcohol, has recourse [with this program]," says Doctor Sauer. Nurses, dentists, chiropractors, and others with substance abuse problems in the medical professions can participate. But they must agree to undergo treatment. "If you stay with that and you recover, fine. But if you fall off that agreement then you're reported as a physician out of compliance with the Board of Medicine," he says.

The Federation of State Medical Boards is a national non-profit association with membership consisting of medical licensing authorities in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Doctor Sauer is involved with the Federation's Examination Committee, which oversees how special purpose exams are put together.

Philip M. Margolis, MD, also is active within the Federation. As professor emeritus of psychiatry at the University of Michigan, Doctor Margolis serves as U-M's training director for civil forensic psychiatry, which teaches residents and medical students "the interface between psychiatry and the law." He became a delegate to the Federation in 1987 and has been active ever since, serving as a member of the Board from 1994 until this year. He still is involved

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on a committee level but, due to term limits, cannot continue serving on the Board.

Contrary to how it appears, the Federation does not tell its member boards what to do. Rather, it serves as a sounding board and "kindly parent" to its state counterparts. "Each board has its own individual life," says Doctor Margolis. "We help them set up guidelines, criteria for dealing with bad doctors, and sanctions for trying to make things as uniform as possible. We're available, but not pushy."

"We're taking up more social, political, and intellectual areas, studying them, and coming up with papers and position statements."
Philip Margolis, MD

Doctor Margolis says the Federation also has an extensive data bank that keeps records on every doctor in the country and tries to set up uniform licensure guidelines so that someone licensed in one state will have similar issues as a physician in another. "The standards of care and quality of care issues have become part of the Federation's agenda," he adds.

The Federation also has an extensive lobbying group in Washington D.C. "It has become more political as it's gotten bigger and more influential in the world, and works very closely with the AMA and the National Board of Medical Examiners," says Doctor Margolis.

To become a Federation board member, you must be elected by its House of Delegates, which is composed of all the delegates from the member states, including 15 osteopathic boards. The House of Delegates meets each April where nominating speeches are given in an "election night" format—similar to a political campaign.

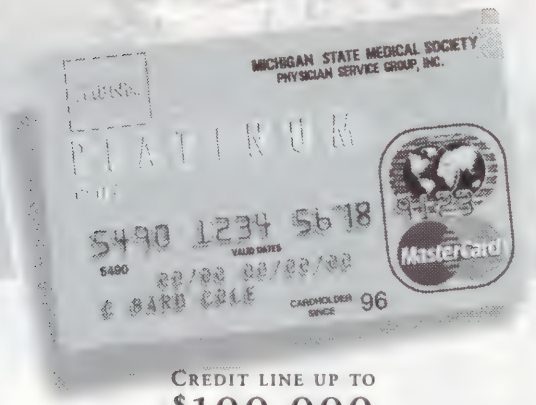
Current issues facing the Federation include concerns with the Americans with Disability Act. "We're into the issue of special accommodations for the medical student taking examinations or the young physician who is disabled—are there accommodations to be made for them?" says Doctor Margolis. In addition, the Federation is looking into specific areas such as telemedicine, complementary (alternative) medicine, pain management, managed care, and the issue of physician-assisted suicide. "In other words, we're taking up more social, political, and intellectual areas, studying them, and coming up with papers and position statements."

Doctor Margolis adds that there is a reason for this shift in focus. "The Federation has been too invisible, and the boards have been too invisible because we're not only going after bad doctors, we're also doing some good things!" he says with a laugh. "We're not as proactive as we would like, but we are getting there."

As far as the Michigan Board of Medicine? "Some people are pushing for a national medical license," says Doctor Sauer. "But then you would have to have a big, all-encompassing national medical board and there would be so much work. Some people would become professional board members and lose touch because they wouldn't be practicing medicine anymore." And to Doctor Sauer, one of the best and most important elements of the board is that physicians are able to judge their own peers. "You know what the realities are. You don't have some artificial or idealized picture."

For more information about the Michigan Board of Medicine, contact Thomas Lindsay at (517) 373-8068. For information about the Federation of State Medical Boards, call (817) 868-4000. For additional help or information, contact Bryce Docherty at MSMS at (517) 336-5788. ■

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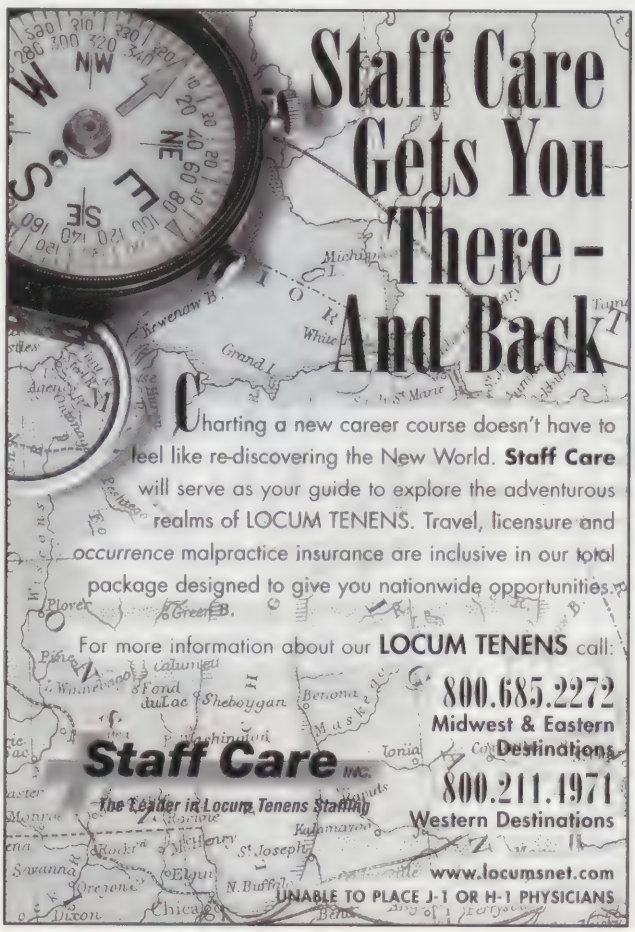
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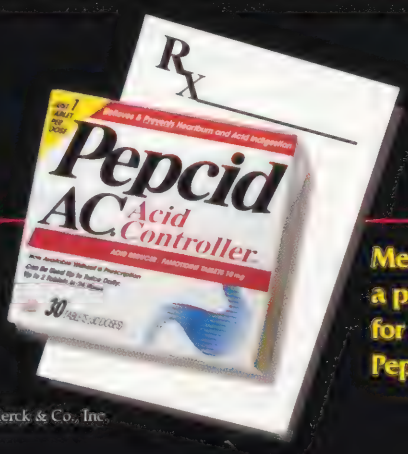
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JVMC-039 2/98

New Medicare Carrier Promises Smooth Transition

By Stacy R. Lammers

As of August 1, 1998, the state of Michigan welcomes a new Medicare Part B carrier. Wisconsin Physicians Service (WPS) Insurance Corporation, which replaced the Health Care Service Corporation (HCSC), brings with it a strong corporate profile and a solid commitment to its clients. MSMS' role is to make the transition as smooth as possible for members by reporting on pertinent issues and by providing complete information about the new carrier.

"We are used to receiving a high level of response and service from a Medicare carrier, and, hopefully, that will carry over with [WPS]."
Joseph J. Weiss, MD

"We are cautiously examining the new carrier," said MSMS Board Member Joseph J. Weiss, MD. "We are used to receiving a high level of response and service from a Medicare carrier, and hopefully, that will carry over with [WPS]."

Company History

Founded in 1946 by the State Medical Society of Wisconsin in Madison, WPS was formed to provide non-profit medical and surgical insurance for Wisconsin residents. WPS is now one of Wisconsin's largest health insurers and administrators, with a current total of 2,326 employees, and nearly 200 of those employees specialize in Medicare services. The company has been involved with Medicare administration since 1966, and with the acquisition of the states of Michigan and Illinois, it has experienced the largest contract award in Medicare history.

Ned Boston, vice president of WPS' Medicare division, assured Michigan physicians that WPS would "provide excellence in service, and a seamless transition." He also said that by emphasizing partnerships—working with health care providers— WPS is able to create products and services that maintain the access to quality, affordable health care for its beneficiaries.

Arnold J. Krubsack, MD, PhD, carrier medical director for WPS' Medicare Part B, is also optimistic about working with Michigan doctors. "We welcome the addition, and hope to establish strong, positive relations with Michigan physicians."

Corporate Background

Focusing on forward thinking and quality services, WPS has created partnerships between its staff and physicians. These are some of the ways that WPS works with physicians and other health care providers:

- Staff of physicians and pharmacists collaborates with a Physicians Advisory Committee representing provider partners to ensure the delivery of effective, appropriate health care services.
- Value Care Review, led by physicians and nurses, assists customers in finding quality, affordable health care.
- WPS customers form a quarterly advisory committee to provide regular feedback on services and products, which are offered by more than 265 agencies.

By adding the states of Illinois and Michigan, WPS will become the largest Medicare Part B carrier in the nation, they will serve an additional 2.8 million beneficiaries (1.3 million of those in Michigan), and process more than 55 million claims annually. These statistics are in addition to the more than 740,000 beneficiaries and 11 million claims it already processes in Wisconsin.

WPS serves three primary lines of business. They are:

- Sales and service of group and individual health insurance, and managed care plans to Wisconsin residents.
- Administration of Medicare Part B for Wisconsin, and now for Michigan and Illinois.
- Fiscal intermediary for the U.S. Department

WPS A contracted agent of the Health Care Financing Administration (HCFA) for Medicare Part B

of Defense's Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) since 1956.

In order to strengthen its technological services, WPS has subcontracted with the National Heritage Insurance Corporation (NHIC) in Massachusetts, which is a subsidiary of Electronic Data Systems (EDS).

Technology also plays a part in the WPS' customer and client service. In order to simplify claims, WPS uses an automated claims administration, which efficiently processes more than 80,000 claims daily. In addition, WPS employs an integrated voice-response system, which gives customers access to service representatives. Electronic Media Claims (EMC) and Electronic Data Interchange (EDI) help to support all electronic communication with health professionals.

WPS also plans to establish outposts in Michigan (Detroit) and Illinois to better reach their new providers, but the company is reachable online as well. The WPS Web site provides company background, current issues, product and service overview, and an outlet for online contact.

MSMS Outlook

So, with all of their capabilities and services, what kind of effect does WPS, and the transition, have on MSMS members? As far actual coverage change goes, Boston does not plan to change much in the way of current coverage, but he keeps an open mind when it comes to the transition. "We are looking forward to working with providers in Michigan," he said. "And although nothing is permanent, we plan to make little change in the service you are currently receiving. [WPS] will be very involved with organizations like MSMS to gauge our progress."

Many members are appropriately cautious, but eager to engage in discussion with the carrier. John Billi, MD, co-chair of the Michigan Carrier Advisory Committee (MCAC), believes that positive relationship can come out of the transition. "We need to focus on creating a solid partnership between provider and carrier communities," he said.

Until more business takes place between Michigan physicians and WPS, it is difficult to forecast how relations will develop. In the meantime, Michigan physicians hope for the best. MSMS Board Member Donald B. Muenk, MD, said, "If everything goes smoothly with the transition, then Michigan physicians shouldn't notice a change."

For more information on WPS, contact Ned Boston at (608) 221-5084, or view their Website at http://www.wpsic.com. For more information on the carrier transition, contact MSMS Reimbursement Ombudsman Kimberly Crawford at (517) 336-5722 or at kcrawford@msms.org. ■

"We need to focus on creating a solid partnership between provider and carrier communities."
John Billi, MD

CME and Technology, Too:

MSMS' Annual Scientific Meeting

By Stacy R. Lammers and Colleen M. Horton

The 133rd MSMS Annual Scientific Meeting (ASM), co-sponsored by Blue Cross Blue Shield of Michigan, takes place October 28-30, 1998. The conference, held at the Ritz-Carlton Hotel in Dearborn, is designed to provide quality continuing education to physicians of all specialties, registered nurses, and other allied health care professionals.

The MSMS Annual Scientific Meeting Planning Committee has worked with representatives of hospital departments, specialty societies, and medical schools to develop this year's statewide conference. The main objectives are:

- To provide physicians of all specialties, registered nurses, and allied health care professionals with updated information on the diagnosis and treatment of commonly encountered medical problems.
- To offer concurrent sessions that provide participants with in-depth study of subjects in their field of practice.
- To encourage interaction between the audience and faculty members in exploring key concepts.
- To stress unique approaches to common problems in all specialties.

Alternative Medicine and More

Among the highlights of the ASM are two "Early Bird" Plenary Sessions –which are free to all attendees–(both scheduled at 7:15 a.m. for early risers), and the Technology Symposium. The first "Early Bird" plenary session, "The Growing Use of Alternative Medicine," takes place Thursday, October 29. Raymond H. Murray, MD, a Lansing internist, discusses different modalities of alternative medicine including its historical roots, the prevalence of its use today and the reasons for its popularity. For example, roughly one-third of all patients in the United States have used some form of alternative medicine in the last year, and most of them did so without consulting their physicians. (See *Michigan Medicine*, June 1998.) This lack of communication can create a potentially dangerous situation if alternative and traditional medical treatments conflict.

Also discussed in this plenary session is the work of the Office of Alternative Medicine (OAM) within the National Institute of Health (NIH). Participants learn how the OAM, now in its sixth year, continues to increase their knowledge of alternative medicine. A question and answer period follows the session.

The second "Early Bird" plenary session is "First Do No Harm – Making Good Policy in the Face of Scientific Uncertainty," and takes place Friday, October 30.

Presented by the Michigan Environmental Council (MEC), this program informs participants of developing public policy that is protective of health care, and discusses the cause/effect relationship between certain kinds of environmental contamination and human health risks.

For example, endocrine disrupters (EDs), can be present in some environmental contaminants like pesticides, polycarbonate plastics, epoxy resins, flame retardant materials/solutions, and other consumer products. They often cause adverse effects at the cell, organism, community, population, and species levels. Public policy on information, education, and prevention of these risks is presented to physicians and other participants in this session.

Technology Symposium

Another highlight of the ASM is the "Technology Symposium," which is designed as an educational forum for participants who are interested

Michigan State Medical Society

133rd ANNUAL SCIENTIFIC MEETING

October 28, 29 and 30, 1998
The Ritz-Carlton, Dearborn

in learning about the clinical applications of new medical technologies. The MSMS Committee on Technology in Medicine presents this two-part symposium, offered Friday, October 30.

The "Technology Symposium—Part I," the morning session, consists of a presentation by Douglas E. Van Houweling, PhD, president and chief executive officer of the University Corporation for Advanced Internet Development in Ann Arbor. His presentation covers Internet2 and advanced medical networks. The Internet2 project brings focus, energy, and resources to the development of new applications in research, teaching, and learning. Applications include telemedicine, which allows physicians to access information in a faster, more reliable manner.

Internet and Information

In addition to this presentation, Mark H. Ebell, MD, associate professor at the Michigan State University (MSU) Clinical Center, discusses the benefits of using personal information devices (PID) in your medical practice. Also included in this half of the symposium is David R. Rovner, MD, assistant to the dean of technology at the MSU College of Human Medicine, who will speak about the use of the Internet for medical purposes, including medical literature searching, and disease and procedure research.

The "Technology Symposium—Part II," the afternoon session, is highlighted by a presentation by Army Lt. Col. Christoph R. Kaufmann, MD, MPH, on the Telepresence Surgery System (TeSS). TeSS is an experimental procedure that allows surgery to be performed by physicians manipulating robotic devices. Adding to this session is Nicholas J. Lekas, MD, chair of the MSMS Committee on Technology in Medicine, who plans a dialogue on the activities of Michigan Information Technology Commission. The commission is dedicated to improving the educational, economic, and health care climate of the state by bringing key parties together for the purpose of resolving critical issues.

This part of the symposium also features Victor J. Strecher, PhD, director of Cancer Prevention and Control at the University of Michigan (UM) Comprehensive Cancer Center. He discusses the Michigan Interactive Health Kiosk Demonstration Project. This initiative uses advanced multi-media kiosks, distributed around the state, to provide health improvement information to traditionally under-served populations.

The "Technology Symposium" is followed by a hands-on course explaining many applications and technologies featured in the symposium, demonstrated through the use of medical exhibits. "Hands-On Introduction to Computers and the Internet," taught by professional computer instructors, familiarizes physicians with personal computer hardware, software and common applications. Participants are introduced to word processing, presentation programs, and the Internet. In order to ensure that each participant has the "hands-on" experience, the course will be held at the Oakwood Health Services Corporation computer classroom, near the Ritz-Carlton. Transportation will be provided for this course.

Look for upcoming details on the ASM in *Michigan Medicine*, *Medigram*, and on our Web site at http://www.msms.org. For further information on the courses, please contact Brenda Menzies at (517) 336-7580 or at bmenzies@msms.org. ■

The authors are communications specialists at MSMS.

Michigan Medicine provides a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

SEPTEMBER

10-11, 20th Annual Seminar in Diagnostic Ultrasound. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

10-13, Gastroenterology and Hepatology: Advances in Diagnosis and Treatment. Location: Grand Hotel on Mackinac Island, MI. **Contact:** Darlene Briley at (313) 745-8601. **Approved for:** 11 Category 1 credits.

13-18, The 11th Annual Pediatric Board of Review. Location: Crowne Plaza Hotel, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

13-19, Advances in Diagnostic Radiology and Advanced Radiology Life Support Course. Location: Banff Springs Hotel, Banff, Alberta, Canada. **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 25 Category 1 credits (Advances in Diagnostic Radiology); 7 Category 1 credits (Advanced Radiology Life Support Course).

18-19, Doctor J. Keith Campbell Symposium. Location: Mayo Clinic, Rochester, Minnesota **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 9 Category 1 credits.

18-20, Managing Respiratory Diseases. Location: 4 Seasons Biltmore, Santa Barbara, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19, Key Communication Skills for Difficult Patient Interactions. Location: 333 North Michigan Avenue, Chicago, IL (Near Wrigley Building). **Contact:** Michael Chase, Workshop Coordinator at (800) 942-4399 or fax (617) 267-7836. **Registration fee:** $275.00 per person. **Approved for:** 6.5 Category 1 credits.

19, Cancer Symposium. Location: Dearborn Inn, Dearborn, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

19-20, Clinical Autonomic Quantitation Workshop. Location: Mayo Clinic, Rochester, Minnesota **Contact:** Sue Paxton, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; (507) 284-2090; fax (507) 284-0532. **Approved for:** 12 Category 1 credits.

24-26, Neurology for the Non-Neurologist. Location: Sonesta Beach, Bermuda. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25, Current Nutrition Concepts and Controversies. Location: Oakland University, Meadow Brook Health Enhancement Institute, Rochester, MI. **Contact:** Pam Marin at (248) 370-4390. **Approved for:** 4 Category 1 credits.

25-27, Dermatology for the Non-Dermatologist. Location: Hyatt Regency Hill Country, San Antonio, TX. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Clinical Endocrinology for Primary Care Physicians. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Cat-

egory 1 credits.

OCTOBER

3-7, The Chicago Infectious Disease Board Review. Location: Holiday Inn Mart Plaza, Chicago, IL. **Contact:** Office of Continuing Medical Education, Rush-Presbyterian-St. Luke's Medical Center, 600 S. Paulina, Ste. #520, Chicago, IL 60612; (312) 942-7095; or fax (312) 942-2000.

9-11, Neurology for the Non-Neurologist. Location: Marriott Marquis, New York, NY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

16-18, Coronary Heart Disease Update. Location: Disney's Yacht Club, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

16-18, Dermatology for the Non-Dermatologist. Location: The Phoenician, Scottsdale, AZ. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

22-24, Managing Respiratory Diseases. Location: Marriotts' Casa Magna, Cancun, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-25, Arrythmias: Interpretation, Diagnosis & Management. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

29-31, Clinical Endocrinology for Primary Care Physicians. Location: Grand Beach Resort, St. Thomas, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

30-31, 3rd Annual Fingers to Toes: Comprehensive Orthopaedic Review Course for Primary Care Physicians. Location: Washington University Medical Center, Wric P. Newman Education Center, St. Louis, MS. **Contact:** Office of Continuing Medical Education Washington University School of Medicine, Campus Box 8063, 660 South Euclid Ave., St. Louis, MS 63110-1093, (314) 362-6891 or (800) 325-9862; or fax (314) 362-1087. **Approved for:** Hour-for-hour credits. ■

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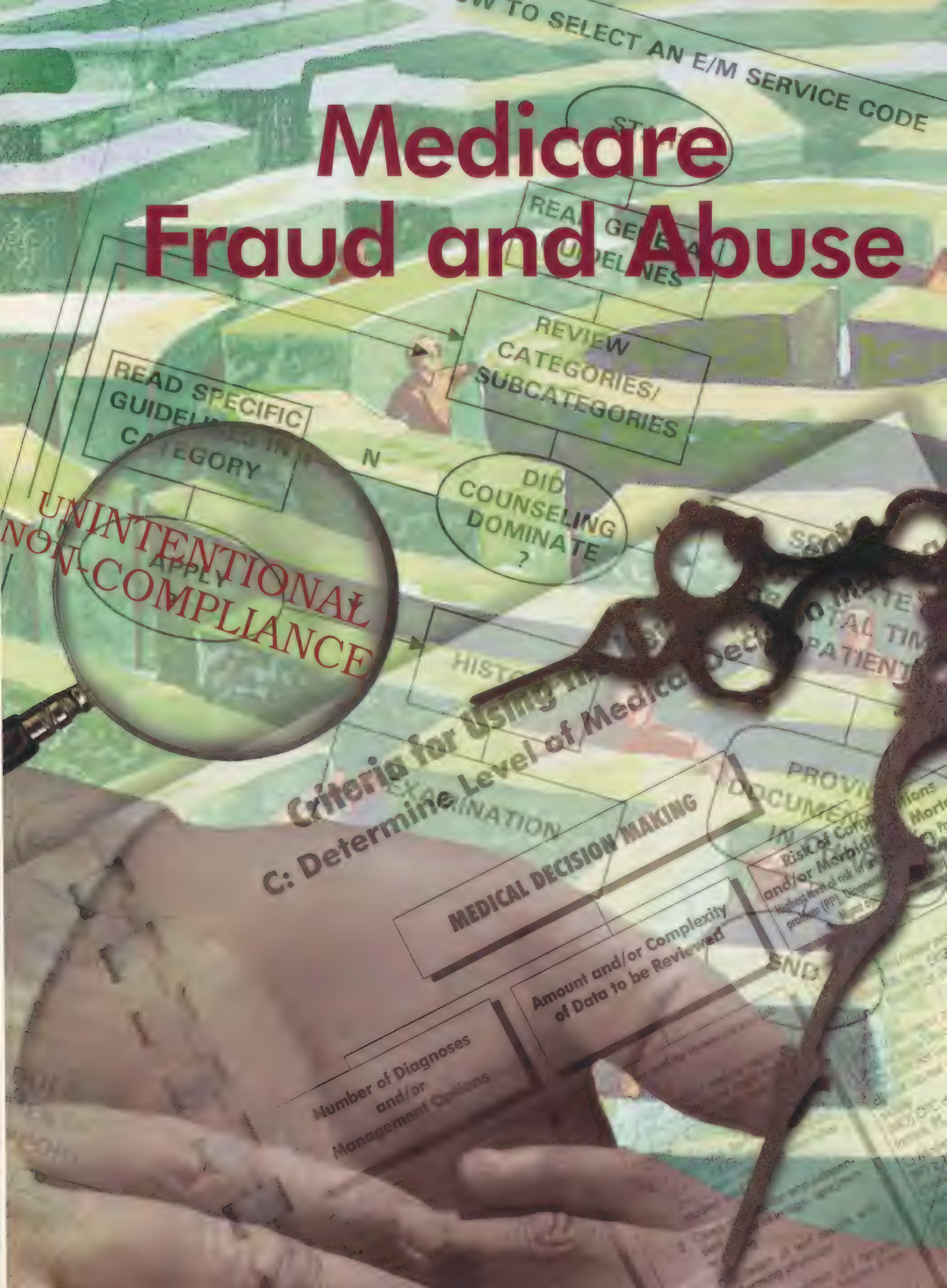
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Medicare Fraud and Abuse

Honest Physicians, Like You, Need to Know New Rules

"It could start as an innocent coding error—someone typing a 3 instead of a 2. Then, suddenly, there are officials breaking your door down and dragging you off to jail."

Does that sound far-fetched? Possibly—but it bears just enough likelihood to keep more and more physicians awake at night, wondering how the Medicare fraud and abuse issue ever came to such a pass.

This month's feature story attempts to answer that question, and provides physicians with information and resources regarding billing and coding policies and procedures.

Medicare Fraud and Abuse

Honest Physicians, Like You, Need to Know New Rules

By Ralph D. Ward

As a physician, it outrages you to hear about rampant fraud and abuse in Medicare billing. You, more than anyone, know how stretched health care dollars are, and when you read that the federal government is going after some blatant Medicare crook with the full force of the law, you say "go for it!"

But consider another possibility. What if the federal government showed up at your office with a slip of paper that allowed them to turn your office upside down and seize your medical records and accuse *you* of Medicare fraud and abuse! Does this sound impossible? Surely there must be some kind of mistake—you aren't a criminal—maybe there was only a simple coding error. Yet in the eyes of the law, the difference is only one of degree and that's if you're lucky.

"It could start as an innocent coding error, someone typing a 3 instead of a 2" observes Cathy O. Blight, MD, MSMS president. "And then, suddenly, there are officials breaking your door down and dragging you off to jail." While such a nightmare case remains uncommon, it bears just enough likelihood to keep more and more physicians awake at night and wondering how the fraud and abuse issue ever came to such a pass.

"It could start as an innocent coding error, someone typing a 3 instead of a 2, and then, suddenly, there are officials breaking your door down and dragging you off to jail."

Cathy O. Blight, MD, MSMS president

A History Lesson

The answer, as with so many other drivers in law and politics, is money. A small number of physicians have no doubt been taking untoward advantage of the Medicare program for three decades now, with the first specific Medicare fraud laws passed in 1972. But a number of spectacular fraud cases in the 1990s have driven a virtual enforcement witch hunt at the federal level. Certainly some of the numbers involved are mind-boggling. A U.S. Health and Human Services audit from July 1997 claimed that fraud and abuse in Medicare fully devoured 14 percent of the program's budget, a staggering $23 billion. The federal government has responded in recent years with an avalanche of new legislation to combat this fraud and abuse, each new law seemingly determined to outdo previous efforts in "getting tough."

These mechanisms take on various aspects of Medicare fraud, from kickbacks, to self referrals, to fraudulent manipulation of reimbursement. However, they share two common threads. First, their far-reaching scope means that many physicians who thought these things never happened to people like them will find themselves in court. "The doctors say things like "I couldn't understand the rules; this isn't my fault; the guidelines are cumbersome," but still they are ultimately responsible, observes Charles Cuzydlo, JD, MSMS chief of legal and regulatory affairs. And second, the penalties for everything from overt fraud to simple unintentional noncompliance have grown far stiffer.

One of the first of the new crackdown rules is the federal Stark law, named for its sponsor, Congressman Pete Stark (D-CA). Less a single law than a concept, this is actually an omnibus package of legislation that has been growing like a snowball rolling down a hill since its genesis in 1994. "The Stark laws basically means that you can't refer to any entity you have an interest in," observes Cuzydlo. However, every element of this law has expanded over the years. There's a Stark 2 law in progress," says Cuzydlo, "but it's not fully implemented yet." While the basic Stark provisions prohibited physicians from referring Medicare patients on to services in which the doctor held an interest, the concept of "interest" has been steadily widened. Stark 2 referral taboos include lab services, therapy, equipment sources, and home health care in which the physician may hold any in-

terest and the physician need not even be aware of the relationship. The inclusiveness of the Stark prohibitions can lead to some troubling conflicts. They loom over local health care integration efforts, where ideally everyone, physicians, hospitals, and medical equipment providers, has a "piece of the action."

Further Enforcements

Even broader are enforcement efforts under the Health Insurance Portability and Accountability Act (HIPAA) of 1997, also known as the Kennedy-Kassenbaum Act. While the Stark laws are limited to Medicare, HIPAA effects any health care benefit program. This makes it a fraud to accept any benefits or payments under false pretences, codifies theft and embezzlement provisions, and sets broad "false statement" prohibitions. HIPAA also turns the federal department of Health and Human Services into a fraud bounty hunter by allowing the department to retain a share of "recovered" funds. This has spurred both enforcement efforts and agency growth, so much so that the AMA predicts HHS Inspector General's office funding and staff will double by 2002. Beyond these two recent changes are a score of other federal and state laws that are innovatively being used to attack Medicare concerns. The federal False Claims Act, on the books for over a century, is being stretched to recover damages from those who cheat on Medicare. This also allows individuals to claim a share of recovered damages as *qui tam* plaintiffs. One noted "professional" plaintiff makes up to $3 million a year by turning in suspected Medicare abuse. Wire fraud, conspiracy, and money laundering statutes may also apply.

By all accounts, the rapidly growing field of prosecution, the stiff penalties, and the serious confusion on what is and isn't illegal has stirred great anxiety in the medical profession. "There is a high level of concern, not just at MSMS, but among physicians," observes MSMS Board Chair Kenneth Musson, MD. At a recent AMA House of Delegates meeting, Doctor Musson heard fraud and abuse concerns "discussed at length, this was the hottest of topics." However, Doctor Musson is among the critics concerned that, by attacking Medicare fraud, the federal government is making life difficult for the many doctors simply tripped up by complicated paperwork requirements. "If a record is not written in the way some bureaucrat wants, that doesn't mean fraud and abuse. The attitude of Medicare is to adjudge you guilty rather than presume your innocence." He also points to the federal need for increased Medicare funding as a factor in the crackdown: "There's a tendency for physicians to bear an unfair burden for the increased cost of Medicare." Indeed, a 1998 white paper by the Texas Medical Association notes bluntly that "the Balanced Budget Act passed by Congress in 1997 depends heavily on [Medicare] fraud and abuse recoveries to bring the federal budget into balance."

Could This Affect You?

How does all of this affect you as a physician in day-to-day practice? First, it is shining an intense spotlight on your Medicare billing, practice, and referral procedures. As a result, minor sins that may have been tolerable in the past can now, quite literally, become a federal case. Second, it requires that physicians become, if not more defensive in dealing with Medicare issues, at least better informed, more responsible for staff actions and able to cope if the government comes knocking at the door. How to do this?

How to Take a Proactive Stance

Think compliance. As federal sentencing and enforcement guidelines grow harsher, lawmakers and prosecutors have left businesspeople few means of escape. One does exist, though, and it can prove vital in mitigating or even avoiding Medicare illegalities a sound compliance

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"[Current Medicare policy] interferes with the ability of physicians to care for patients . . . it reduces the time available for doctor/patient care, and is an invasion of confidentiality."

Kenneth Musson, MD

MSMS Board Chair

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system. "One thing physicians have to keep in mind is the importance of a good compliance program," warns Cuzydlo, "and making sure that this compliance program is appropriate." The HHS' Inspector General's office will take a properly developed and implemented compliance plan into consideration in case violations are uncovered. A compliance plan can indicate that any problems are one-time outliers, cutting fines and often making prosecution itself less likely.

What goes into a good Medicare payment compliance plan?

- **A statement of conduct that shows a commitment to compliance.** This makes your compliance plan more than just a series of memos to billers. It sets an overall standard of honesty and due care for the whole office, spelling out major do's and don'ts.
- **Appointing one person as director of compliance.** This compliance officer must be someone in the staff who has the authority, the real oversight responsibility, and the knowledge to assure that procedures are followed. Note that this does not simply seek to designate a "fall guy" in case of trouble physicians remain ultimately responsible for any fraud or abuse that they sign off for. Rather, naming an office compliance director suggests how seriously compliance is viewed.
- **Proper Medicare training and education for professional and support personnel.** This would include sessions conducted by MSMS and other organizations on billing and coding procedures, as well as keeping current on coding updates. The need for this continuing education is crucial. "I'm continually amazed at the amount of responsibility a practice coder or biller has, but they can still lack a real knowledge of the rules," says Judy Brueker, co-chair of the West Michigan Medical Billers Association. "When I speak to physicians and clinical staff I tell them the top three things they need

Know the Codes

The Ins and Outs of the Billing Process

In this ever-changing field of health care, one factor remains constant: physicians' desire for optimal reimbursement. As a result of these constant changes in the billing and reimbursement systems today, physicians are experiencing an increased burden of maintaining billing systems in their offices.

When billing for services, a claim must be completed quickly and accurately. If a claim form is incomplete, if one digit is wrong or one box is left empty, payment will be delayed. Many physicians have converted to filing claims electronically. This is mainly because of the turn-around time for reimbursement. Electronic claims usually are handled within 10-14 days, whereas manually submitted forms can take as long as two to four months.

Today, a good number of physicians contract with a billing service to handle the processing of their claims. Outsourcing the claims process eliminates the need for billing staff within the office. It is important, however, when selecting a billing service, to do some research to ensure that it will meet your billing needs. How long the service has been in business, the types of specialty billing it provides, and the fees are factors to consider.

For those physicians who maintain billing staff in their office, many resources are available to assist in making the claims submission process easier. Most payers provide computer software that facilitates electronic filing. In addition, most payers produce newsletters or bulletins that keep physicians up-to-date on any changes that will effect the billing process.

The American Medical Association (AMA) works in conjunction with the Health Care Financing Ad-

"There's a tendency for physicians to bear an unfair burden for the increased cost of Medicare."

Kenneth Musson, MD, MSMS Board chair

are education, education, and education, they just can't get enough."

• **Auditing and monitoring.** Good compliance demands good oversight, so your compliance program should build in steps for continuous monitoring. Regularly review your total claim development and submission system from the initial point of service throughout the claim process. Also, establish an ongoing audit methodology, including a frequent audit schedule and key measures. Bear in mind that if you contract out aspects of your billing and coding process, these outside functions need auditing as well.

• **Clear reporting lines.** Spell out specific communication procedures up and down the line for your compliance director and office staff. This might even include some form of anonymous "hotline" reporting of any irregularities. Everyone involved in your billing program must know who to report to with problems, and feel comfortable doing so.

• **An established investigation process.** Your compliance program should show the procedure that goes into action when an irregularity is reported or suspected. Who is in charge of the investigation? What records will be reviewed? By bringing your attorney into the loop on a compliance investigation, you make it easier to maintain lawyer/client privilege for the results. Finally, the investigatory element of your Medicare compliance plan should include the disciplinary measures to be used.

• **A response and correction plan.** In the end, your compliance plan is only as good as your ability to correct any problems uncovered. While this might include internal policy changes, it may also involve sticky problems like repaying overpayments or notifying the government of illegalities. Once again, this makes it wise to bring your attorney into the loop.

• **Keep a close eye on coding.** Evaluation and Management (E&M) coding is one of the most common ways innocent physicians get tripped up in abuse charges. "Upcoding and

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ministration (HCFA) to produce Current Procedural Terminology (CPT) and International Classification of Diseases (ICD-9) manuals to ensure that billing staff complete the claim forms with the correct diagnosis and procedure codes. These manuals also are generated in a CD-ROM package that can increase the amount of claims processed by saving valuable time otherwise spent thumbing through the written manuals.

Coding the claim right the first time is extremely important. As with all the other facets of billing and reimbursement, procedure codes continually are modified or changed. The *CPT Assistant* is a newsletter published by the AMA to keep physicians and their billing staff abreast of the changes. Occasionally, a difficult case will require the assistance of someone who specializes in coding. Most coding consultants are Certified Procedural Coders (CPC) and are excellent resources for complex claims.

Billing and reimbursement are extremely important to a physician's practice. If physicians maintain appropriate, up-to-date billing resources and promote continuing education for their billing staff, their likelihood of obtaining maximum reimbursement for the services they provide will increase greatly.

For more information regarding coding, contact MSMS Reimbursement Ombudsman Kimberly Crawford at (517) 336-5722 or kcrawford@msms.org. For information about MSMS endorsed billing service, contact Dawn Reha at (517) 336-7571 or at dreha@msms.org.

The author is MSMS reimbursement ombudsman.

MSMS' new Medical Business Specialist Program trains office staff in coding and other medical office skills. For details, contact Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.

"One thing physicians have to keep in mind is the importance of a good compliance program."

Charles Cuzydlo, JD, MSMS chief of legal and regulatory affairs

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downcoding are very common problems," notes Kim Crawford, MSMS reimbursement ombudsman. "Sometimes it's just a matter of the doctors outsourcing their billing. If you rely on someone else to code them, they can get locked into one set of codes. Learn about your billing company. Make sure they stay well versed, and are putting in the things you need."

"By encouraging patient *qui tam* claims, the law inserts an unwanted presence into the health care relationship."
Cathy O. Blight, MD
MSMS president

Stay On Your Toes

Miscoding errors need not come from the outside. Sometimes it is your own staff that puts you in a payment predicament. Judy Brueker, recalls "I've met with physicians and billers to review coding disputes, and learned that the biller changed codes for the physicians. They'd say "Oh, I know you did more than that." But that's wrong. It's the physician's name that goes on the claim, and the biller is putting the physician at liability, as well as herself." Brueker notes that staff may be bringing the wrong attitude to billing practices. "Lots of billers are choosing the level of service based on time involved, rather than what's in the documentation. But if HCFA pulls the documentation to see how it's been billed out, and they find a change, they can prove an error on the spot," says Peggy Galloway, MSMS manager of Risk Management. "I think physicians have usually thought of coding as a billing function, something they didn't need to be personally involved in and could delegate to clerical staff. But the physician has to be able to support the E&M code in order for it to survive an audit."

Stay Up to Date

Rapid change in coding standards has become the rule, and the government takes the view that your ignorance of some obscure billing change is no excuse for its violation. "Staff may get locked into one set way of billing," observes Crawford. "But then something that was acceptable for diagnosis gets deleted, or additions or changes are made. A 729.1 code might be accepted now, but six months later will be dropped." The government's view is that once a change is published, it is *your* responsibility to bring your coding into line.

As if the little changes weren't bad enough, physicians may also be tripped up by pending big changes in the whole coding system. "Huge revisions were set for the E&M documentation

MSMS Fraud and Abuse seminars

Fraud and Abuse: What Doctors Need to Know

Part I:
Anti-Kick Back Statute, Stark I &II, False Claims Acts – State and Federal

After this seminar, participants will understand:
- Fraud and abuse laws
- What state and federal investigators are looking for in medical practices
- The False Claims Act and other significant legislation affects physicians.
- How to react if you become a target of an investigation.

Part II:
Building a Compliance Program

After this seminar, participants will understand:
- Why a compliance program is necessary
- Typical billing and practice patterns that can raise "red flags"
- How to implement a compliance program to meet federal guidelines and reduce the risk to fraud and abuse allegations
- How to develop an office compliance program and educational plan to avoid inadvertent fraud and abuse

guidelines as of July 1, but they're now on-hold, pending more field testing and a new revised version. This has caused a great deal of confusion. We've had physicians contact us and ask if the older guidelines are still in effect. They are—they're still the current rules, and you can't just ignore them." Crawford also warns that, when new E&M guidelines are released, expect that increased documentation and office time will be required. "They'll be looking for added information and more depth, with many changes focusing on specialty care needs, for example. In the end, this transition is going to require more work and time to complete, so offices should start getting into the routine now."

Yet such coping skills will not prevent the long-term harm physicians may face from overzealous Medicare enforcement efforts, so both MSMS and the AMA are working to lessen this impact, and separate true fraud from minor, unavoidable errors. "[Current Medicare policy] interferes with the ability of physicians to care for patients," warns Doctor Musson. "It reduces the time available for doctor/patient care, and is an invasion of confidentiality." Doctor Blight is particularly concerned that Medicare "whistleblower" bounties add a destructive adversarial note to the doctor/patient relationship. "By encouraging patient *qui tam* claims, the law inserts an unwanted presence into the health care relationship."

At the federal level, the AMA has been supporting a Health Care Claims Guidance Act introduced by Sen. Thad Cochran (R-Mississippi), which would "provide a mechanism to distinguish between billing mistakes and intentional submission of false Medicare claims," according to an AMA statement. The AMA sums up its support for the bill with what could be a fitting coda for the entire problem. "This new bill strikes the right balance between the need to eliminate waste, fraud and abuse, and the acknowledgement that billing errors are inevitable in a billing system consisting of 45,000 pages of laws, regulations and policies which are often unclear and inconsistent."

For additional information on Fraud and Abuse issues contact Charles Cuzydlo at MSMS at (517) 336-5714 or ccuzydlo@msms.org. ■

The author is a Riverdale-based freelance writer.

"When I speak to physicians and clinical staff I tell them the top three things they need are education, education, and education."

Judy Brueker, co-chair of the West Michigan Medical Billers Association

Fraud and Abuse Seminar Dates and Locations

Part I
Anti-Kick Back Statute, Stark I&II, False Claim Acts – State and Federal

Novi – Novi Hilton
Wednesday, September 2

Grand Rapids – Amway Grand
Thursday, September 3

Flint – Gateway Holiday Inn
Wednesday, September 16

East Lansing – MSMS Headquarters
Thursday, October 8

Part II
Compliance Program

Novi – Novi Hilton
Wednesday, September 9

Grand Rapids – Amway Grand
Thursday, September 10

Flint – Gateway Holiday Inn
Wednesday, September 23

East Lansing – MSMS Headquarters
Thursday, October 15

For more information on these seminars, contact Mary Jensen at MSMS at (517) 336-5706 or mjensen2@msms.org.

Creating a Page in History

Civil War Literature Enhanced by Physicians' Hobby

By Lisa Weatherford

The Civil War literally shaped the future of the United States. Indeed, it allowed the survival of the country. Today, more than 150 years later, the lessons of the Civil War are not forgotten. For some they are alive every day. Two such people are Bradley P. Bengtson, MD, and Julian E. Kuz, MD, who have researched, authored and published two of history's most definitive books on Civil War medicine: Orthopaedic Injuries of the Civil War *and* Photographic Atlas of Civil War Injuries.

Not unlike many of the soldiers of the Civil War, Doctors Bengtson and Kuz are young men with professions, homes, and families. And they too feel a responsibility to serve.

Forming a Partnership in History

Early on, both men were drawn to Civil War history, to the people and the events that nearly tore our nation apart. Over time their fascination grew and as they entered medical careers, both became more interested in the medical aspects of the war.

Though from different states, as fate would have it, both Doctor Bengtson, a plastic surgeon and Doctor Kuz, an orthopedic surgeon, eventually ended up in Grand Rapids. But their meeting was by chance. "I was giving a talk on the Civil War and one of the orthopedic residents attending approached me and told me about Julian Kuz," recalls Doctor Bengtson. "So I gave him a call."

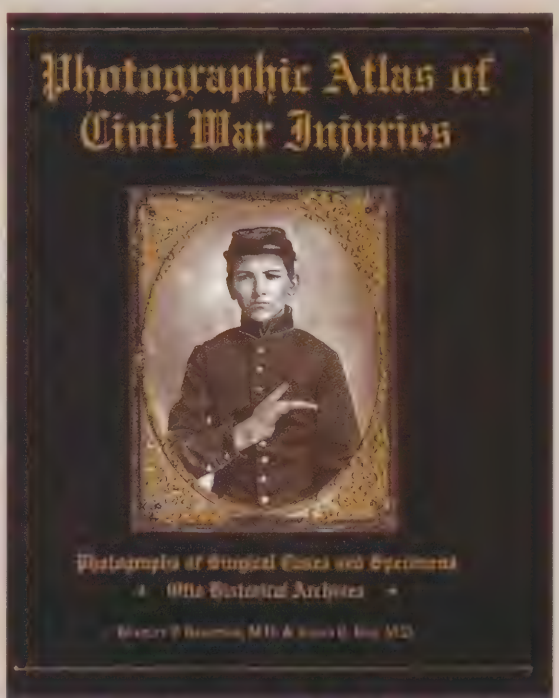
The rest, as they say, is history. Doctor Kuz recalls their first meeting in the cafeteria at Butterworth Hospital. They talked about their mutual interest and says Doctor Kuz, "There was certainly some synergism between us."

Filling a Gap in Historical Literature

Before long their mutual interest was fanned to a passion. Each was lecturing on their respective areas of expertise and had prepared written materials. When they began discussing a possible book, they already were well on their way.

"The fact that so little was written about the medical aspects of the war, was an instigating factor," says Doctor Bengtson. "The latest books are very good and contain a lot of historical information, but from our perspective, much of the medical side was lacking."

The two first combined their written manuscripts to create an issue-long article for Blodgett Hospital's medical journal. The success of that publication fueled them to continue toward publication of a full book. But the more they in-



Doctors Kuz and Bengtson searched the Internet to discover the existence of rare photos. Now those images are accessible through their book.

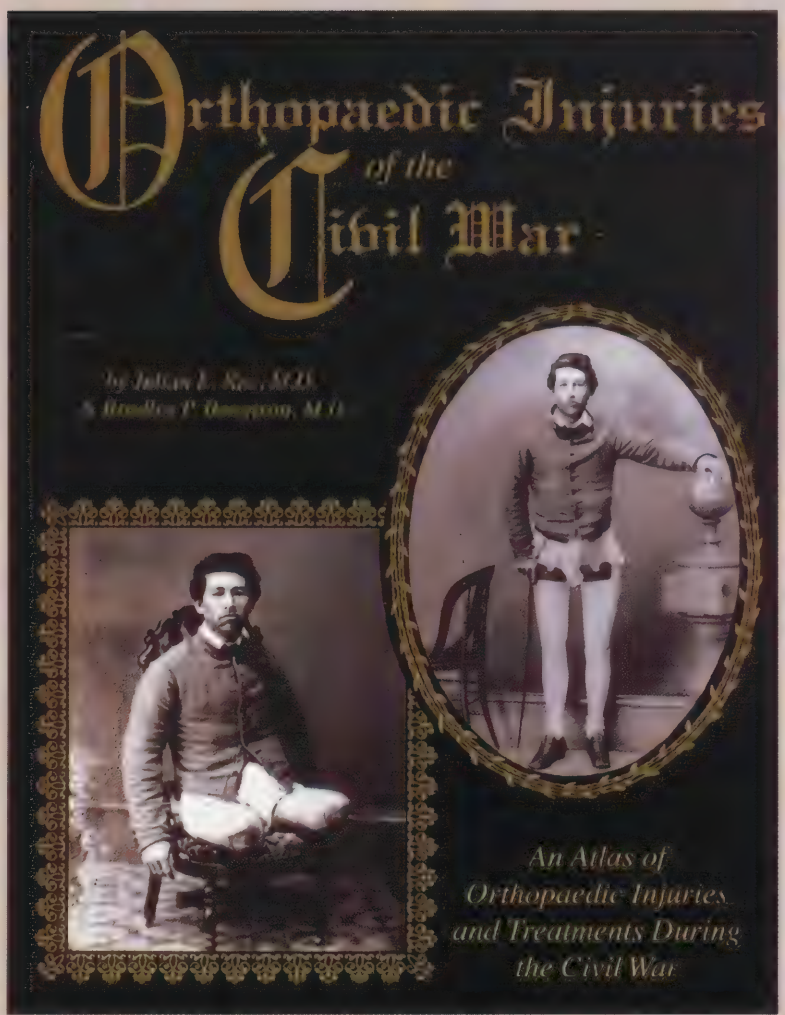
"The fact that so little was written about the medical aspects of the war was an instigating factor . . . from our perspective, much of the medical side was lacking."

Bradley Bengtson, MD

vestigated publishers the more they became sure that the book would ultimately be up to them.

Luckily, Doctor Bengtson had experience with photography and publishing from high school and college. So the two dug in and found a publisher that would work with them to design and print the volume. The new publishing company was named "Medical Staff Press" after the medical corps of the Civil War, and uses the logo donned by surgeons of the time. Of the original 8,500 copies printed, less than 1,000 remain.

As the first book was in the works, Doctors Bengtson and Kuz became aware of a very rare collection of photographs. Ordered by the Surgeon General's Office and compiled from 1866 to 1872 by George A. Otis, MD, the eight-volume set was originally compiled for educational purposes. Only seven of the collections exist today and are the first-ever visual depiction of war medicine. Each is accompanied by descriptions of the patients, the injuries, the medical care, and most importantly, the outcomes.



Doctors Kuz and Bengtson pooled their talents and fascination with Civil War medicine to co-author this definitive volume.

Doctor Kuz recalls finding out about the volumes. "One of the chief things Brad and I discovered was that these photographs existed at all. We did a computer search and found one incomplete set at Chicago's Rush Presbyterian Hospital so we did some preliminary photo work there. But that only made us more determined to find a complete set."

Ultimately, they located a complete set at the National Museum of Health and Medicine in Washington D.C. where it had resided for decades in obscurity. Pouring over the fragile volumes the two soon knew they had another mission: To make readily available the incredibly powerful images of these soldiers.

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"There hadn't been much written about Civil War medicine and injuries... I think it was due to some kind of collective repressed memory, that nobody wanted to think about it because it was so horrendous."

Julian E. Kuz, MD



Brad Bengtson, MD, and Julian Kuz, MD, plan to co-author additional books on Civil War plastic surgery and orthopedic injuries.

"Here's a picture of a soldier with an amputated hand. But look at his face. This to me typifies the war. When you look at these boys, these are the real people who fought for us, who gave us what we have today."

Bradley Bengtson, MD

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Real Chronicle of a War

"There hadn't been much written about Civil War medicine and the injuries caused by the war. I have to think that it was due to some kind of collective repressed memory, that nobody wanted to think about it because it was so horrendous," speculates Doctor Kuz.

Doctor Bengtson agrees. As a collector of Civil War relics, he has had the experience of holding history in his hands. But he says, the medical realities are much more personal. Pointing to a photograph, he says "Here's a picture of a soldier with an amputated hand. But look at his face. This to me typifies the war. When you go through and look at these boys, these are the real people who fought for us, who gave us what we have today."

Thanks to this heartfelt passion for sharing their knowledge, Doctors Kuz and Bengtson plan to continue publishing. Upcoming books include one on Civil War plastic surgery and possibly a second volume of *Orthopedic Injuries of the Civil War.*

But even if the two went their separate ways today, they would have accomplished what they set out to do, which is simply to tell what Civil War surgeons did *right*.

"There are so many things written about what they didn't do well. Julian and I wanted to focus on the things they did do well," says Doctor Bengtson, adding, "They were *unbelievable* things." ■

The author is an East Lansing-based freelance writer.

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All Politics is Local

Physicians, MDPAC, and Grassroots Clout

By Dustin May

Former House Speaker Tip O'Neill learned early in his political career that "all politics is local." That same political philosophy has defined the role Michigan physicians' have in every aspect of government. From the county level all the way to the President of the United States, the interests of organized medicine wield influence unmatched in our government today. Physicians have built this reputation from the ground up with a solid grassroots organization. By taking advantage of the democratic process and expertise in the public bureaucracy, the physician lobby has taken the Speaker's advice to a new level.

A Respectful Advantage

Any business or profession cannot ignore the need to effectively lobby elected officials. However, many of these organizations rely on big-money lobbyists and big-money donations to affect government policy. Consequently, the business of political influence has become almost as large as the business of government. This storm of campaign cash and cell-phone lobbying has clouded the ears of powerful politicians at all levels. But physicians have a distinct advantage over the business of politics—they have their legislators' respect. Not only do legislators have respect for physicians as their constituents, but also as the caretakers for all of their constituents. After all, legislators know that healthy constituents make for happy voters on Election Day.

Although the efforts of Michigan physicians to work with their representatives in Lansing and Washington, D.C. are less likely to make headlines, their results are much more immediate and effective. "The legislators expect to hear from physicians on the issues," notes Greg Aronin, director of Government Relations for MSMS. "Doctors are expected to be in the political process . . . they're respected, and their views are taken seriously." Legislators value the physician voice on health care issues overall, viewing physicians as a legitimate voice for the community as a whole. Senator Bill Schuette (R-Midland) observes that "when we have an important decision pending, we may get a letter to a [Senate] member dropped off by a lobbyist on one side of the issue, or we may hear from eight or nine of the most significant doctors in one of our counties on the other side. The latter has much more impact." Senator Dan DeGrow (R-Port Huron), the Senate majority floor leader, notes that the numbers and status of the state's physicians make them "sleeping giants who could be a very powerful political force."

Effective Grassroots Organization

At the grassroots level, physicians make their strongest impact. They are the leaders in their community and the defenders of community health. They are on the front lines of a managed care revolution and know first-hand the benefits, problems, and inadequacies of the health care system. Being active on health care policy is the best way for physicians to affect change—protecting their practice, livelihood, and most importantly, their patients from the burdens of government and insurance regulation. Engaging legislators on crucial issues is a way for physicians to speak not only for themselves, but also for their patients. Legislators realize that one physician can represent the interests of several hundred of his/her constituents.

MSMS members are known across the state and in Washington, D.C. for taking their concerns directly to the person who affects policy directly—the legislator. This is perhaps the best



MDPAC Board Chair and MSMS President-Elect Krishna K. Sawhney, MD, (center) recently met with Congressman Sander Levin (left) and Senator Carl Levin in Washington D.C.

and most effective way to communicate a preference for policies. Because of the lack of participation in the political process, lawmakers are frequently left in the dark about their constituents concerns. Communication between a physician and a legislator can mean timely introduction, formulation, and vote on a particular piece of legislation. With multiple interests competing for clout on an issue, the direct constituent contact can often be the deciding factor. "When an urgent health care issue comes before the legislature, as it frequently does in Michigan politics," remarks Cathy O. Blight, MD, president of MSMS, "legislators will listen to advice from trusted friends. More often than not, that friend is their physician."

Personal Relationships

On-going personal relationships with legislators are essential communication tools in politics. "The most valuable asset a constituent can have is a trusting relationship with a legislator," notes Peter Levine, executive director of the Genesee County Medical Society. "Our focus is to make sure there are physicians or their spouses to whom local legislators can turn when they need information." Building long-term relationships allows a physician to learn a legislator's values, concerns, and aspirations. In exchange, they will often get to know their constituents on a personal basis and seek their perspective. An on-going relationship provides the opportunity to learn personal agendas and "hot

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"When an urgent health care issue comes before the legislature... legislators will listen to advice from trusted friends. More often than not, that friend is their physician."

Cathy O. Blight, MD

MSMS president

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"Our focus is to make sure there are physicians or their spouses to whom local legislators can turn when they need information."

Peter Levine, executive director, Genesee County Medical Society

buttons." When the issue is not clear-cut, knowing when and how to approach a legislator can be the key in a legislative crunch.

Recently, the issue of nurse practitioners prompted a large response from the MSMS membership and displayed the influence Michigan's physicians have on these issues. Senate Bill 104, which would have given Advanced Nurse Practitioners the ability to write prescriptions and diagnose independent of physician control, was debated extensively on the Senate floor.

This amazing display of grassroots lobbying was the result of many physicians who generated over 1,000 phone calls, 500 faxes, 500 emails, and countless letters and personal meetings. Also, MSMS and county societies proved how valuable they could be by providing information on the bill and coordinating the final legislative language. Thanks to the strong influence of Michigan's physicians, amendments were added to the bill to retain physician supervision. Senate Bill 104 passed unanimously with the legislative language approved by MSMS. Following passage in the Senate, the bill was sent to the House Health Policy Committee, where it currently is pending.

The Genesee County Medical Society was among those delivering effective physician contact from throughout the state on this issue, and the view from Flint is likewise impressive. "SB 104 was a particularly good example of this technique," observes Levine. "You were either pro or con, with no middle ground. Through personal contact, fax, phone, email, and regular mail our members were exposed to the issues, and also made legislators familiar with them."

A Helping Hand

While grassroots action is perhaps the most important part of physician advocacy, the

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A Guide to Grassroots Physician Advocacy

MSMS and the AMA are working hard to promote physician and patient issues in Washington, D.C., but it is also essential that you build a relationship with your legislator. Every letter, phone call, fax, email, or personal contact with a member of the state legislature or Congress gets us one step closer to accomplishing our legislative goals for 1998.

The most powerful way to affect an issue is to make your Congressman aware of your concerns. Never forget that your Congressman works for you, the constituent. However, many take the attitude that one person cannot make a difference. Although strength in numbers is important, it is not essential to effective constituent relations. The following suggestions will help physicians establish an effective relationship between medicine and Congress.

Letters. Letters are a very effective way of reaching your lawmaker. Every constituent letter is read and its position recorded. Letters are considered a gauge of popular support. One letter is often multiplied by 50 to accurately reflect public sentiment. 200 letters would be considered overwhelming public support.

Phone Calls. The same logic applies to phone calls. Your position is recorded and is also considered as a multiple of public support of an issue. Always have a prepared statement and identify yourself as a constituent, also indicate that you have many patients who are constituents.

Faxes. Faxes are an easy way for communication to be transmitted, but they can get easily lost in the shuffle of a busy congressional office. It is essential to make a phone call prior to your trans-



MSMS Board member Mitchell A. Rinek, MD, (right) meets with Rep. Andrew Raczkowski (left, R-Farmington Hills) and Paul N. DeWeese, MD, candidate for the Michigan House of Representatives, at a luncheon at the Michigan Chamber of Commerce.

"With 64 open seats [in Michigan's legislature], if we do not help elect medicine-friendly candidates, it could be chaos."

Krishna K. Sawhney, MD, chair, MDPAC Board and MSMS president-elect

mission; or else your fax may be lost among the flow of paper.

Email. Being the modern way to communicate, e-mail is becoming more popular with lawmakers every year. Some do not have e-mail yet, but most do. Strength in numbers still applies and it is quick, easy, and saves space and paper.

Arranging Meetings. Congressmen are interested in what their constituents are thinking and are willing to hear them out. It is fairly easy to schedule a personal meeting with a Congressman, but be prepared to work around their schedule. (See also "Interviews are Vital")

A Few Suggestions for all Contacts with Congress:

- Remember that time is precious. All correspondence to your lawmaker should be "short and sweet." Get to the point and focus on your issue.
- Personalize all contact. Stress that you are a constituent.
- Remind your lawmaker how many people (read votes) in your organization share your position.
- Be sure to include your name, address, and phone number on all correspondence. It will allow a response, foster a dialogue, and reminds the lawmaker that you are the constituent. It is also a good idea to follow up with letters, calls, etc.

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"MDPAC is an integral part of the political process; it provides an infrastructure for to physicians to work and interact with legislators."

Cathy O. Blight, MD, MSMS president

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Michigan Doctors Political Action Committee (MDPAC) serves a vital role in helping physicians get involved in government. MDPAC enables physicians to contribute a reasonable amount of money. This allows the medical community to elect individuals who are sensitive to health care issues. The financial component is only one aspect of MDPAC. It also provides a solid political base that physicians can work from. Doctor Blight notes that "MDPAC takes the logistical burden off the physician by setting up meetings with legislators. It allows for a group of physicians to assist in the legislative process and build long-term relationships."

Contributions are rising as the need for PAC support of pro-physician candidates becomes essential. The prominence of "soft-money" contributions in the last elections proves even more how MDPAC is vital to the support of physician issues. With unpredictable forces in politics, it is essential for Michigan's physicians to be heard at the Capitol and the ballot box. Krishna K. Sawhney, MD, MSMS president-elect and MDPAC Board Member explains: "Campaigns are expensive. Lawmakers and other candidates greatly appreciate the help from supporters. Early support usually is remembered for an entire career, since it comes from those who believe in a lawmaker the most, even in rough times."

Since term limits will take effect this fall in the Michigan House of Representatives, over 64 seats will have first-term legislators in January. This large shift has the possibility to dramatically shift power in the House. Many long-time allies of physicians will be retiring or seeking higher office. As a result, MDPAC and physicians must work even harder to ensure a positive swing in the fall elections. "With 64 open seats [in Michigan's legislature],"Doctor Sawhney continues, "if we do not help elect medicine-friendly candidates, it could be chaos."

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- Use the news media (letters to the editor, guest editorials, news stories, etc.) to help create public support for your positions.
- The Congressional staff is there to serve you too. Be polite and brief. They are the ones who prepare policy reports and suggest votes on some bills. Make them your ally, they can be a valuable tool.

Getting Involved

State and Federal Issues. The MSMS Physicians Legislative Network notifies its members of upcoming meetings and events. Opportunities to meet with candidates and participate in health care issues forums will be mailed to all members of the Network if a particular legislative or congressional event is happening in your district.

Federal Issues. The AMA Grassroots Network Rolodex Card is a quick and easy way to keep in touch with federal issues. This hotline provides current legislative updates (updated regularly when Congress is in session), fax-back information (sample letters, issue talking points), and toll-free patch through calls to the Capitol Hill offices of Members of Congress. In order to access all of the features of the Hotline, callers must know their Medical Education number and be current members of the AMA. Politically active Alliance members must use their spouse's ME number until they are provided with their own access codes.

To join the Physicians Grassroots Network, please contact Bryce Docherty, legislative affairs specialist at MSMS at (517) 336-5788, or at bdocherty@msms.org. To join the AMA Grassroots Network, please contact Kevin A. Kelly, MSMS managing director, at (517) 336-5742, or at kkelly@msms.org.



MICHIGAN Doctors'
Political Action Committee

Interviews are Vital

Crucial to the MDPAC's effectiveness is the campaign interviewing process. MSMS government relations staff and area physicians sit down with both challengers and incumbents for two-way discussions of health care issues and philosophies. "Neither side in these discussions is 'pitching' to the other," notes Matt Hedberg, political affairs specialist with MSMS. "Ideas are exchanged back and forth. We hear from the candidate, and then offer them our explanation that our members have agreed are important for legislation."

The interview sessions are loose and informal, typically running 30 minutes to an hour per candidate. They often are held at the office of the local medical society, which helps provide views and support from the legislator's home district. Though physicians have tight schedules of their own, the sessions are scheduled conveniently either early in the morning or early in the evening. Sessions might also be held at an area restaurant, over a cup of coffee. The open, easy exchange not only helps gauge where a candidate stands on physician issues, but paves the way for a fruitful long-term relationship.

To further aid in the process of communicating with candidates, MSMS has prepared a briefing folder on state legislative issues vital to physicians in 1998. Sections offer brief explanations and reviews of pending legislation for bills and issues on the agenda for this year. These include patient rights and right-to-know legislation, scope of practice issues, Blue Cross Blue Shield of Michigan reform legislation, public health issues, and reimbursement reforms. By putting this material into one accessible package, MSMS takes on major health care issues, and becomes a part of the legislator's basic library.

Getting Involved

All of the political efforts of MSMS, MDPAC, and Michigan's physicians have amounted to many victories and future legislative triumphs. Physician involvement is the most vital and effective—as Peter A. Duhamel, MD, immediate past president of MSMS expresses, "When physicians mobilize (like they did on Senate Bill 104) they can and do make a difference! Physicians should be proud and energized by their potential effectiveness in our political process."

For more information regarding MDPAC, please contact Matt Hedberg, political affairs specialist at MSMS (517) 336-5719, or at mhedberg@msms.org. For further state government relations matters, please contact Gregory T. Aronin, director of government relations at (517) 336-5741, or garonin@msms.org. For information on federal legislation, please contact Kevin A. Kelly, managing director, at (517) 336-5742, at kkelly@msms.org. Also, learn more via MSMSNET at www.msms.org under "Political Action." ■

The author is an East Lansing-based freelance writer.

"When physicians mobilize (like they did on SB 104) they can and do make a difference! Physicians should be proud and energized by their potential effectiveness in our political process."

Peter A. Duhamel, MD, MSMS past-president

NEWSMAKERS

Melvin Hollowed, MD, recently was voted president-elect of the Wayne County Medical Society. His term as president will begin in June 1999. Doctor Hollowed is a urologist and also serves on the Board of Medicine, and is a member of the Executive Committee of Harper Hospital.

Narinder Sherma, MD, was elected as secretary of the Wayne County Medical Society. Doctor Sherma, a Farmington Hills internist and cardiologist, also is a representative to the Organized Medical Staff Section of the American Medical Association.

Rajindar Sikand, MD, recently was selected as the new chief of Medical Services for the Detroit-Macomb Hospital Corporation. Doctor Sikand, an internist and medical director of the hospital's Intensive Care Unit and pulmonary Diagnostic Laboratory, was chosen by the hospital's Board of Directors.



Lourdes Andaya, MD, a Detroit neurologist, recently was elected president of the Wayne County Medical Society. Doctor Andaya assumed the role of president in June 1998, and will hold office for one year.

Brian L. Hotchkiss, MD, a Grand Rapids pediatric orthopaedic surgeon, recently was appointed to the new position of chief clinical integration officer for Spectrum Health. This is a senior management position in which Doctor Hotchkiss will be working with Spectrum Health executives, physician, and other health care professionals in integrating and coordinating the health care practices and procedures at all Spectrum Health sites. He also is an associate clinical professor of surgery for Michigan State University's School of Human Medicine.



James Gallagher, MD, recently was selected for the Board of Trustees for the Wayne County Medical Society. Doctor Gallagher, an Allen Park cardiovascular disease specialist, also is a district director for MSMS and an alternate delegate for the AMA.

John M. MacKeigan, MD, a Grand Rapids colon and rectal surgeon, recently was named to the Blue Cross Blue Shield of Michigan Board of Directors. Doctor MacKeigan is president of Ferguson Clinic in Grand Rapids, a fellow of the American College of Colon and Rectal Surgeons, and vice chair of the MSMS Board of Directors.



Bryan R. Shumaker, MD, FACS, was elected president of the American Society for Laser Medicine and Surgery. Doctor Shumaker, a Waterford urologist, also is director of Laser Science, Research, and New Technology at St. John Hospital and Medical Center in Detroit.

Robert E. Bloom, MD, FACP, recently was named chief of oncology for the Detroit Medical Center's Northwest Region. Doctor Bloom is a hematology specialist originally from the Detroit area.

Lawrence Mason, MD, was appointed as the new chief of the anesthesiology division of the Detroit-Macomb Hospital Corporation. Doctor Mason, an anesthesiologist, was chosen by the hospital's Board of Director's.



Thomas J. Ruane, MD, an East Lansing family practitioner, has begun work in a new position with Blue Cross Blue Shield of Michigan. He is an associate medical director in the medical affairs division. Doctor Ruane's primary focus in this position will be in the development and implementation of clinical criteria.

Sara Garmel, MD, was named director of Labor and Delivery by Oakwood Healthcare System. Doctor Garmel will serve as director in the Oakwood Division of Maternal Fetal Medicine.



Robert R. Lisak, MD, recently was awarded the Distinguished Faculty Fellowship Award by Wayne State University. Doctor Lisak is chief of neurology at the Detroit Medical Center and chair of the Wayne State University department of Neurology.

Elie Basse, MD, MDA, FACEP, FACS, was named chief of staff for 1998-99 at North Oakland Medical Centers (NOMC). Doctor Basse has been the chair of Emergency Medicine at NOMC since 1988.



NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Khaled M. Abdel-Hamid, MD, *Flint*
Andrea M. Abessinio, DO, *Grosse Pointe*
Raymond T. Bauer, MD, *Detroit*
Blake A. Bergeon, MD, *Midland*
Joseph L. Blount, MD, *Southfield*
David Bortel, MD, *Midland*
Mathew J. Brakora, MD, *Spring Lake*
Jimmy Wayne Brandon, DO, *Grand Blanc*
Frederick J. Brodeur, Jr., MD, *Bay City*
Manohar S. Bulagannavar, MD, *Detroit*
Larry M. Carroll, MD, *Hancock*
Michael Charboneau, DO, *Muskegon*
Lori A. Claypool, DO, *Ishpeming*
John Francis DeFrancisco, MD, *Ann Arbor*
Naghmana Farrukh, MD, *East Jordan*
Charles G. Godoshian, MD, *Farmington*
Michael Giordano, MD, *Muskegon*
Jean-Paul Guiboux, MD, *Southfield*
Ashok Kumar Gupta, MD, *Bloomfield Hills*
JoAnn S. Hirth, MD, *Jackson*
Hills Howard, MD, *Detroit*
Michael E. Hunt, MD, *Midland*
Michael D. Hurst, DO, *Grand Blanc*
Nicholas J. Ivan, MD, *Midland*
James P. Izer, MD, *Ann Arbor*
Salim A. Jaffer, MD, *Jackson*
David M. Kent, DO, *Farmington*
Marcia E. Kling, MD, *Shelby Township*
M. Magdelene Kopreski, MD, *Kalamazoo*
Donn A. Latour, MD, *Marshall*
Esther M. Latour, MD, *Marshall*
Robert S. Levy, MD, *Dearborn*
Yefim Levy, MD, *Southfield*
Michael Maddens, MD, *Royal Oak*
Calvin Maestro, MD, *Detroit*
C. William Mercer, DO, *Lansing*
Suzanne R. Merkle, MD, *West Bloomfield*
Jeffrey E. Middeldorf, DO, *Warren*
Kristijan G. Minanov, MD, *Grosse Pointe*
Roy Misirliyan, MD, *Southfield*
Khawar G. Mohsini, MD, *Saginaw*
Joseph G. Morgan, MD, *Rochester Hills*
George T. Nahhas, MD, *Dearborn*
Berj M. Nercessian, MD, *Huntington Woods*
William W. O'Neill, MD, *Royal Oak*
Somashekar Pallegar, MD, *Harper Woods*
Noel A. Palma, MD, *Harper Woods*
Lorna G. Pinson, MD, *Grass Lake*
Cheryl Anne Plettenberg, *Saginaw*
Bhagyalakshmi Policherla, MD, *Grosse Pointe Woods*
Jodi M. Robinson, MD, *Dearborn*
Basil Rodansky, MD, *Woodhaven*
James Fitzgerald Rosenbaum, MD, *Kalamazoo*
Erik M. Rubright, DO, *Gladstone*
Devprakash Samuel, MD, *Port Huron*
Nalini Samuel, MD, *Port Huron*
Bhramaramba Sarvepalli, MD, *Saginaw*
Jarrett M. Schroeder, MD, *Northville*
Leslie Schutz, MD, *Midland*
Craig E. Singer, MD, *Southfield*
F. Matthew Smith, MD, *Southfield*
David J. Spiteri, MD, *Royal Oak*
Russell T. Steinman, MD, *Pontiac*
Michael J. Sterrett, MD, *Marshall*
Jane Sung, MD, *Rochester Hills*

Nasser Sukhon, MD, *Clarkston*
Gregory L. Swartz, DO, *Morenci*
Marwan S. Tabbara, MD, *Sturgis*
Michael Tomaszczyk, DO, *Muskegon*
Steven Trillet, MD, *Portage*
Matriosca Natach Umlauf, MD, *Dearborn*
Antonio T. Uvas, MD, *Elkton*
Koithra Varey G Thomas, MD, *Midland*
Pankaj K. Vij, MD, *Southfield*
Michael R. Warmoth, MD, *Muskegon*
Craig Wendt, MD, *Charlevoix*
Richard T. Wille, MD, *Troy*
Joyce M. Yeghissian, DO, *Birmingham*

OBITUARIES

James R. Acocks, MD, died on 3-26-98. He was 85. Doctor Acocks, a pulmonary disease specialist from Marquette, graduated from the Ohio State University Medical School in 1937. He served in the Army Air Corp in 1941 where he was assigned as a flight surgeon. Doctor Acocks was a member of the American College of Chest Physicians, a Life Member of the Association of Military Surgeons, the Flying Physicians Association, the Aerospace Medical Association, the American Lung Association of Michigan, the American Thoracic Society, past Board Member of the Michigan Lung Association and the Upper Peninsula Lung Association, a member of the Marquette-Alger County Medical Society, MSMS, and the AMA.

George T. Bradley, MD, died on 4-4-98. He was 84. Doctor Bradley, a colon and rectal surgeon from Bloomfield Hills, graduated from the University of Iowa College of Medicine in 1938. He was past president of the Michigan Society of Colon and Rectal Surgery, Served as chief of colon and rectal surgery at Mt. Carmel Mercy Hospital, Harper Hospital, and Beaumont Hospital, Royal Oak. Doctor Bradley also served as president of staff at Mt. Carmel, president of the Detroit Surgical Society, director of Michigan Blue Shield and chairman of the division of gastroenterology and proctology for the Michigan State Medical Society. He was a member of the Wayne County Medical Society, MSMS, and the AMA.

Mordecai L. Falick, MD, died on 3-31-98. He was 89. Upon graduating from the University of Michigan Medical School in 1933, Doctor Falick began his psychiatry practice, which was originally in Wayne County. From 1940-45, he served his country in WWII as an Army major. Doctor Falick was a member of the AMA, MSMS, Wayne County Medical Society, Michigan Psychoanalytic Society Institute – president from 1973-1975, Michigan Psychoanalytic Society, Michigan Association for Psychoanalysis, American Psychoanalytic Association, and the American Psychiatric Association.

John F. Fennessey, MD, JD, died on 4-21-98. He was 75. Doctor Fennessey, a pathologist from Grosse Pointe and an instructor at Wayne State University Medical School, graduated from Tufts University Medical School in 1950. He also received his law degree from Wayne State University in 1972 and served counsel to the law firm Kitch, Drutchas, Wagner, and Kenney. During World War II and the Korean War, he served as a physician in the Army. Doctor Fennessey was a member of the AMA, MSMS, Wayne County Medical Society, American Society of Clinical Pathology, College of American Pathologists, and the Michigan Society of Pathologists.

Edgar J. Geist, Jr. MD, died on 3-27-98. He was 77. Doctor Geist, a Chesterfield Township family practitioner, who specialized in pediatrics, graduated from the Wayne State University College of Medicine in 1951. He served with a U.S. Army medical team during WWII (1941-45), where he received a special citation for the extraordinary medical care he administered. Doctor Geist was a member of the AMA, MSMS, Oakland County Medical Society, and the Michigan Academy of General Practice, Oakland County Board of Directors 1957-59

Carl N. Gibson, MD, died in May of 1998. He was 69. Doctor Gibson graduated from the Meharry Medical College in 1967, and set up an internal medicine practice in Flint. He served in the Army from 1946-49. Doctor Gibson was a member of the Genesse County Medical Society, the AMA, and MSMS.

Joseph H. Leep, MD, died on 4-14-98. He was 76. Doctor Leep, a Grand Rapids physician specializing in obstetrics and gynecology, graduated from the Southwestern Medical College of Texas in 1948. He served his country during WWII in the U.S. Army from 1943-46, and again during the Korean War in the Airforce from 1951-53. Doctor Leep was a member of the Kent County Medical Society, the AMA, and MSMS.

James T. McLaughlin, MD, died in February of 1998. He was 66. Doctor McLaughlin, a pathologist from Grosse IIe., graduated from the Wayne State University School of Medicine in 1962. He served in the U.S. Marines and the U.S. Navy during the Korean War from 1950-54. Doctor McLaughlin was a member of the Monroe County Medical Society, the AMA, and MSMS.

Andres D. Resto Soto, MD, died in April of 1998. He was 68. Doctor Resto Soto , a Garden City general surgeon, graduated from the University of Michigan Medical School in 1952. He was a member of the Wayne County Medical Society, Academy of Surgery of Detroit, American College of Surgeons, Lenawee County Medical Society, and MSMS.

Donato F. Sarapo, MD, died on 4-9-98. He was 72. Doctor Sarapo graduated from the New York State Medical College at NYC in 1952, with a specialty in internal medicine. He set up his practice in Tecumseh. Doctor Sarapo served in the U.S. Army during WWII form 1943-46. He was president and medical director of Industrial Medicine Associates from 1985-1998, council member of MSMS from 1970-79, Delegate to MSMS from 1960-70, special research advisory board of Michigan Blue Shield, past vice president of the Lenawee County Medical Society. Doctor Sarapo was a member of the AMA, MSMS, Michigan Society of Internal Medicine, American College of Physicians, Michigan Association of the Professions, Member of the Michigan State Board of Medical Licensure appointment by Governor Milliken 1969-78.

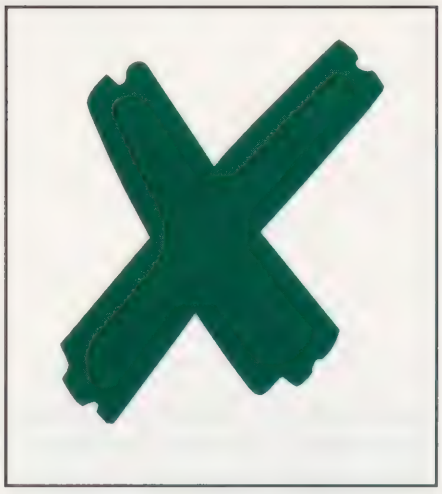
John W. Sigler, MD, died on 4-18-98. He was 80. Doctor Sigler, a Bloomfield Hills internist, graduated from the University of Maryland School of Medicine in 1943. He was a captain in the U.S. Army Medical Corps from 1945-47. Doctor Sigler was a member of the AMA, MSMS, Kent County Medical Society, Michigan Rheumatism Society (secy./treasurer), American College of Physicians, and American Rheumatism Association.

A SPECIAL TRIBUTE



MSMS is saddened by the death of **Caroline Kimmel**, a valued member of the MSMS family for 20 years. Ms. Kimmel took ill on May 26, 1998, while staffing a specialty society committee meeting at MSMS headquarters and died several hours later at Sparrow Hospital as the result of a massive stroke.

Ms. Kimmel will be remembered as a dedicated professional and esteemed co-worker. As an account executive with the MSMS Physician Service Group, Ms. Kimmel was responsible for managing a number of specialty and professional societies. Her presence will be missed by the Michigan Society of General Surgeons; the Michigan Society of Respiratory Care; the Michigan Society of Internal Medicine; the Michigan Society of Medical Assistants; the Michigan Section, American College of OB/GYN; the Michigan Hand Study Group; and the Michigan Committee for Prevention of Child Abuse.



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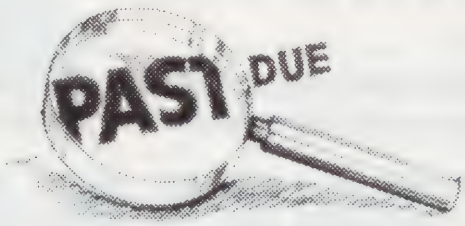
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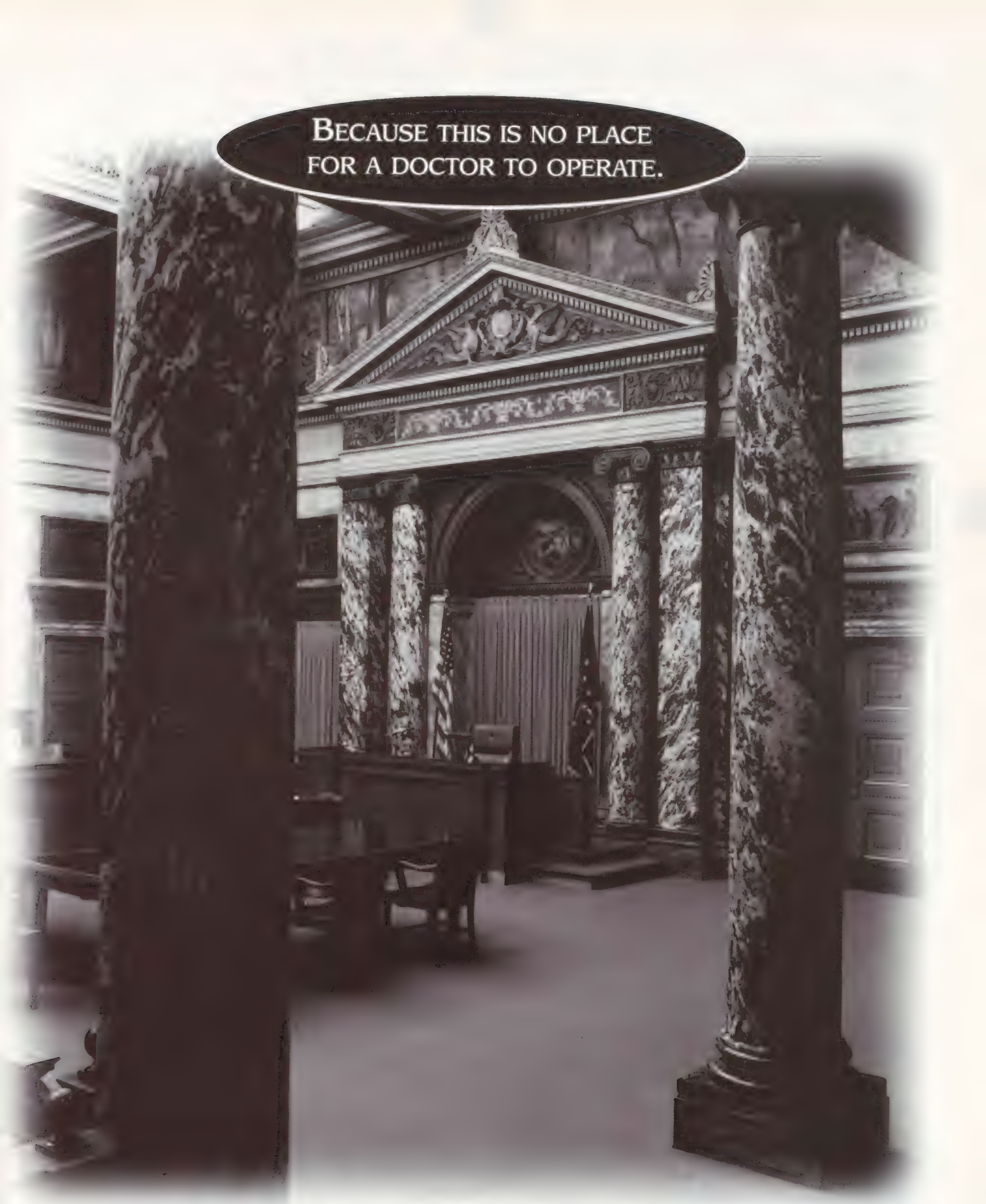
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MSMS MEETINGS

September

2, Fraud and Abuse Seminar Series—Part I: "Anti-Kick Back Statute, Stark I & II, False Claim Acts—State and Federal." Location: Dearborn Inn, Dearborn, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

3, Fraud and Abuse Seminar Series—Part I: "Anti-Kick Back Statute, Stark I & II, False Claim Acts—State and Federal." Location: Amway Grand Hotel, Grand Rapids, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

8, MSMS/MPMLC Making the Rounds. Location: Gratiot Community Hospital, Alma, MI **Contact:** Tom Plasman at (517) 351-0041 ext. 606; or tplasman@mpmlc.com.

9, Fraud and Abuse Seminar Series—Part II: "Compliance Program." Location: Dearborn Inn, Dearborn, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

10, Fraud and Abuse Seminar Series—Part II: "Compliance Program." Location: Amway Grand Hotel, Grand Rapids, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

10, MSMS/MPMLC Making the Rounds. Location: Northern Michigan Physician, Traverse City, MI **Contact:** Tom Plasman at (517) 351-0041 ext. 606; or tplasman@mpmlc.com.

10, MPMLC Physician Risk Management Educational Seminar: "Update 2000." Location: TBA, Troy, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

10, MSMS Committee on CME Accreditation. Location: MSMS Headquarters, East Lansing, MI **Contact:** Sarah Cressman at MSMS at (517) 336-5727; or scressman@msms.org.

15, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Park Place Hotel, Traverse City, MI. **Contact:** Peggy Galloway at MSMS at (517) 336-5729; or at pgalloway@msms.org.

16, Fraud and Abuse Seminar Series—Part I: "Anti-Kick Back Statute, Stark I & II, False Claim Acts—State and Federal." Location: Gateway Holiday Inn, Flint, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

16, MPMLC Physician Risk Management Educational Seminar: "Just What Do They Expect?" Location: TBA, Pontiac, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

16, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. **Contact:** Irene Frost at MSMS at (517) 336-5734; or ifrost@msms.org.

17, Fraud and Abuse Seminar Series—Part I: "Anti-Kick Back Statute, Stark I & II, False Claim Acts—State and Federal." Location: MSMS Headquarters, East Lansing, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

22, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." Location: TBA, Benton Harbor, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

22, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Mercy General Hospital, Muskegon, MI. **Contact:** Peggy Galloway at MSMS at (517) 336-5729.

23, Fraud and Abuse Seminar Series—Part II: "Compliance Program." Location: Amway Gateway Holiday Inn, Flint, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

23, MSMS Committee on CME Accreditation. Location: MSMS Headquarters, East Lansing, MI. **Contact:** Sarah Cressman at MSMS at (517) 336-5727; or at scressman@msms.org.

24, Peer Review Immunity Seminar. Location: MSMS Headquarters, Board Room, East Lansing, MI. 2:00-4:30 p.m. **Contact:** Patty Bokovoy

at MSMS at (517) 336-5723.

24, Fraud and Abuse Seminar Series—Part II: "Compliance Program." Location: Amway MSMS Headquarters, East Lansing, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

24, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." Location: TBA, Warren, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

29, MPMLC Physician Risk Management Educational Seminar: "Profiles of the Impossible Patient." Location: TBA, Bay City, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

October

1, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." Location: TBA, Mt. Pleasant, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

1, "Managed Care Contracting." Location: Dearborn Inn, Dearborn, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

2-4, MSMS Mackinac Island Conference on Bioethics. Location: The Grand Hotel, Mackinac Island, MI. **Contact:** David K. Fox at MSMS at (517) 336-5731 or at dkfox@msms.org.

8, MPMLC Physician Risk Management Educational Seminar: "Just What Do They Expect?" Location: TBA, Midland, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

8, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." Location: TBA, Novi, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

14, MPMLC Physician Risk Management Educational Seminar: "Update 2000." Location: TBA, Battle Creek, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

14, "Managed Care Contracting." Location: The Amway Grand, Grand Rapids, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

15, "Managed Care Contracting." Location: MSMS Headquarters, East Lansing, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

15, MSMS Bioethics Committee. Location: MSMS Headquarters, East Lansing, MI. **Contact:** David K. Fox at MSMS at (517) 336-5731 or at dkfox@msms.org.

19, MSMS/MPMLC Making the Rounds. Location: Macomb Medical Center. **Contact:** Tom Plasman at (517) 351-0041 ext. 606; or tplasman@mpmlc.com.

20, MPMLC Physician Risk Management Educational Seminar: "Profiles of the Impossible Patient." Location: TBA, Benton Harbor, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

21, "Managed Care Contracting." Location: Gateway Holiday Inn, Flint, MI. 5:30-9:00 pm. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

21, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Holiday Inn, Gaylord, MI. **Contact:** Peggy Galloway at MSMS at (517) 336-5729.

21, Liaison Committee with Third-Party Payers. Location: MSMS Headquarters, East Lansing, MI, 2:30-5:00 p.m. **Contact:** Patty Bokovoy at MSMS at (517) 336-5721 or at pbokovoy@msms.org.

22, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Holiday Inn—Airport East, Grand Rapids, MI. **Contact:** Peggy Galloway at MSMS at (517) 336-5729.

22, MPMLC Physician Risk Management Educational Seminar: "Update 2000." Location: TBA, Saginaw, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

28-30, MSMS Annual Scientific Meeting. Location: The Ritz Carleton, Dearborn, MI. **Contact:** James Tarrant at MSMS at (517) 336-7591 or jtarrant@msms.org.

MICHIGAN SPECIALTY SOCIETY MEETINGS

September

9, Michigan Section, American College of Obstetric and Gynecology. Location: MSMS Headquarters, Dining Room, East Lansing, MI. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

17, Michigan Society of Pathologists. Location: MSMS Headquarters, Atrium Conference Room, East Lansing, MI 9:00 a.m.-1:00 p.m. **Contact:** Carrie Brock at MSMS at (517) 336-7586.

October

1-3, Upper Peninsula Medical Society Annual Meeting. Location: Cisler Convention Center, Lake Superior State University, Sault Ste. Marie, MI. **Contact:** Kelly Dane, War Memorial Hospital, Medical Staff Office, (906) 635-4350.

2, Michigan Society of Respiratory Care. Location: MSMS Headquarters, Dining Room, East Lansing, MI 9:30 a.m.-3:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

2, Michigan Society of Respiratory Care—Diagnostic Scetion Meeting. Location: MSMS Headquarters, Johnson Room, East Lansing, MI 1:30-4:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

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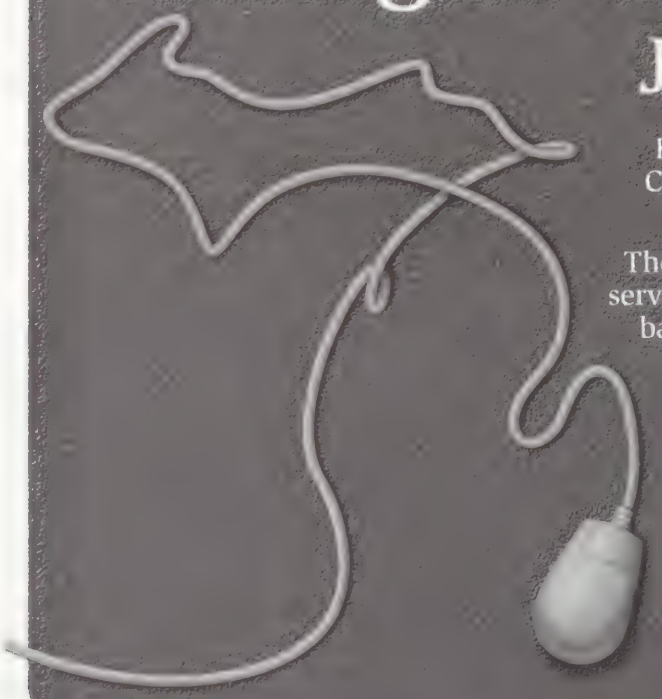
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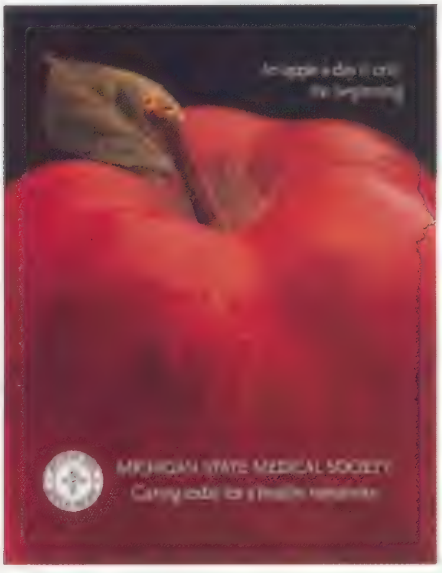
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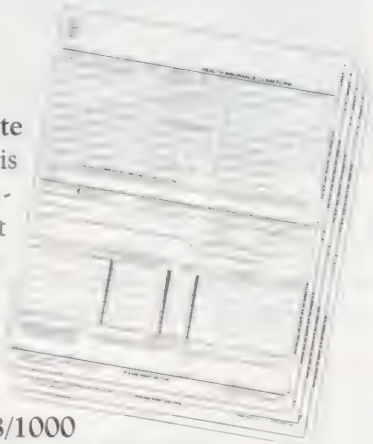
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Physicians Must Find "Middle Ground" in Fraud and Abuse Debate

By Cathy O. Blight, MD

MSMS President

The offer seemed innocuous enough– to join my residency director, the head of the local health department, and a representative of the mayor's office to "check out" some health testing being done at the local senior citizens center. Never one to pass up an opportunity to get out of the hospital on a beautiful spring day or to learn about all the varied aspects of pathology, I eagerly joined the "inspection team."

At the senior center, a national company had set up a health screening. People were registered diligently, a history was taken, blood was drawn for laboratory tests, and chest X-rays, EKGs, and pulmonary function tests were performed. Although it slightly resembled a production line, everything seemed to be done within guidelines and with proper safeguards. Everything seemed in order.

However, a couple of years later, in the middle of "grossing" the afternoon's surgical specimens, I was summoned to my residency coordinator's office, where I was greeted by two *very* large men in three-piece suits. They were from the federal government and were investigating the national company. They needed to know how much I could remember about the set-up and what was happening at the screening. Apparently, this national company had billed Medicare hundreds of thousands of dollars for testing done in centers all over the United States—like the one we had visited. Thus began my education in Medicare fraud and abuse.

Like so many things in life, a good thing can be ruined by someone else's greed. Most physicians feel that screening tests are worthwhile. They give us the opportunity to diagnose disease at an early stage, when treatment is simpler and more efficacious. But because of scenarios like the one above, the "chemistry profile," as most of us know it, has disappeared from our lab ordering options. Now we should order only what is "medically necessary." And for those of us in the laboratory, unless we can substantiate these orders, we are held to be fraudulent. Fraud and abuse has entered our examining rooms, as well. If we try to help our patients who might have difficulty paying by forgiving debts or copays, we may be accused of committing fraud. Heaven help us if we want to extend professional courtesy to our colleagues. That time-honored tradition is now looked upon as an enticement for referrals.

So where does that leave us? At the far end of a pendulum swing, I hope. There have been excesses, many of them major. In the laboratory field, one only has to look at the substantial fines paid by some national labs for billing extra tests, although they deny any wrongdoing. We all know colleagues who order many lab test on well patients, which, if we look critically at their necessity, are of dubious help in caring for those patients.

In these days of increasing accountability and concern for cost, these actions cannot be ignored. We must try to find the middle ground in this debate, always advocating for our patients. Some of these problems can well be handled by the profession. Through our peer review and quality management processes, we can help establish local quality measures that can lead to excellence in patient care. Our state medical society has created the Michigan Institute for Medical Quality to educate us on quality management techniques. It is up to us to apply them in a caring, patient-focused way to health care delivery. The challenge of the issue of fraud and abuse should be seen as an opportunity for us. Legislators and regulators currently are hearing a great deal about the subject. We can add our voices to the debate, telling our stories and our patients' stories of how this may have a negative affect on them. We can start to move the pendulum back toward the center, ensuring quality, appropriate care for our patients and retaining our professionalism. ■

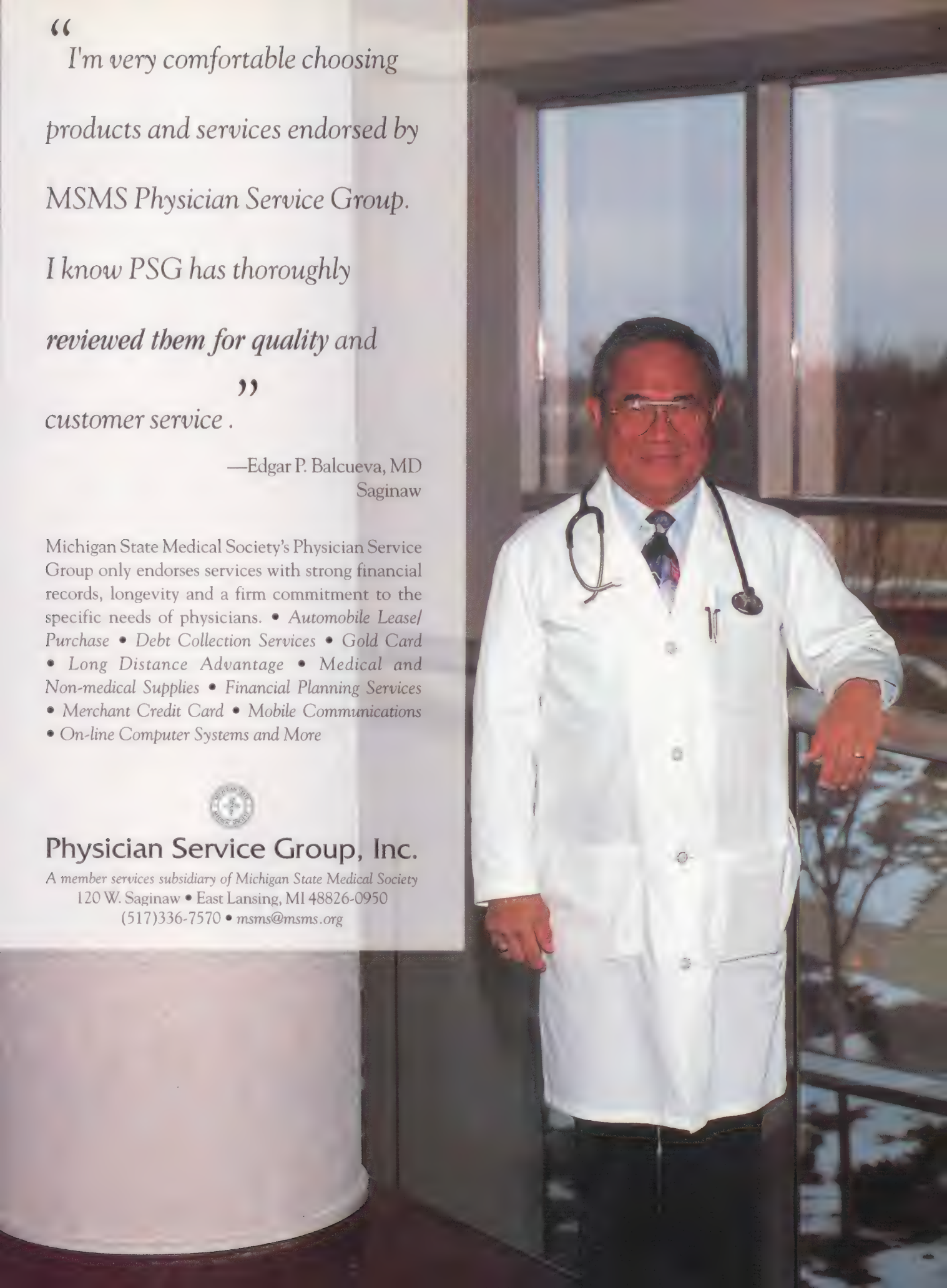
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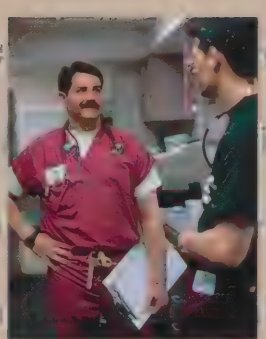
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CD-ROM Brings Comfort to Cancer Patients

By Stacy R. Lammers

How can a piece of computer software help ease pain in cancer patients? It sounds unlikely, but the CD-ROM Easing Cancer Pain *offers information and empowerment for those suffering from cancer.*

Created in part by Karen S. Ogle, MD, director of the Program for Palliative Care and Education Research at MSU and content director of the CD-ROM project, the CD creates the "virtual" atmosphere of a mountain retreat to allow patients to focus on different aspects of the disease. Technical collaborator Darcy Drew Greene, a hypermedia project director at the MSU Communication Technology Laboratory and an associate professor of journalism at MSU, acted as project director by coordinating the electronic resources for the CD.



The crux of the project is its ability to describe the assessment of cancer pain, barriers and myths patients encounter, and treatment. Also contributing to the CD's effectiveness is the role of personal experiences. "The personal stories have a role that's stronger than just information transmission," says Doctor Ogle.

Intended for cancer patients and their families, *Easing Cancer Pain* offers a unique forum for learning more about related issues via the computer. "Patients can hear what experts and other people say about these [issues] in a safe, private, comforting environment, where they don't have to respond," Greene explains.

The CD-ROM runs on Macintosh, Windows 3.1, and Windows 95/NT. It requires 16 MB of RAM, and includes about 10 hours of content. The project was funded by MSU's office of the vice provost for libraries, computing, and technology, the Cancer Center, and the Department of Family Practice. ■

The author is a communications specialist at MSMS.

To place an order for a free copy of *Easing Cancer Pain*, please send your request to:

MSMS Communications Department
Attn: Jann Lardie
120 W. Saginaw
East Lansing, MI 48823

You may also email us at msms@msms.org. For more information about the CD-ROM, please visit the MSU Communications Technology Laboratory Web site at http://commtechlab.msu.edu/sites/cancerpain.

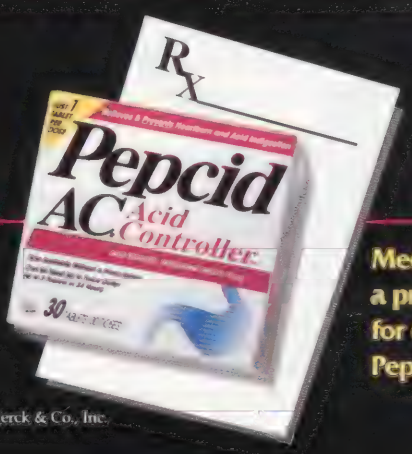
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1. Sources: IRI, November 1997; *Red Book Update*, November 1997; IMS America, September 1997.

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JVMC-039 2/98



Adult and Child Abuse Reporting Requirements

By Richard D. Weber, JD

MSMS legal counsel

Question: I understand that physicians generally are required to report abuse with respect to adults and children, but there appears to be considerable confusion as to when such reporting is required, whether reporting is confidential, and whether physicians have legal protection in making the report. Would you please clarify these requirements?

Answer:

Adult Abuse

The requirement that adult abuse be reported is based upon a specific statute. Physicians and other persons employed or certified to provide health or human services, who have reasonable cause to believe that an adult has been abused, neglected, or exploited, must immediately make an oral report to the county department of social services. The person must subsequently file a written report with the county department. "Adult" means a vulnerable person not less than 18 years of age who is suspected of being or believed to be abused, neglected, or exploited. "Vulnerable" means a condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of a mental or physical impairment or because of advanced age. This language leaves room for subjective judgment by the physician in that the requirement involves a decision as to whether the adult is "vulnerable," as defined in the statute. The report should contain the name of the adult and a description of the abuse. If possible, the report should also contain the adult's age, and the names and address of the adult's guardian or next-of-kin, and of the persons with whom the adult resides.

The physician-patient privilege is rendered inapplicable by the reporting statute. The identity of the person making the report is confidential, subject only to disclosure with the consent of that person or by judicial process. Failure to report may result in civil liability, as well as a fine of not more than $500.00.

Child Abuse

A physician, coroner, dentist, registered dental hygienist, medical examiner, nurse, a person licensed to provide emergency medical care, audiologist, psychologist, family therapist, social worker, school administrator, school counselor or teacher, law enforcement officer, or regulated child-care provider who has reasonable cause to suspect child abuse or neglect shall immediately make an oral report of suspected child abuse to the county department of social services. Within 72 hours after making the oral report, the reporting person shall file a written report. The written report must contain the name of the child and a description of the abuse or neglect. If possible, the report shall contain the names and addresses of the child's parents, guardian or the persons with whom the child resides, and the child's age. The report should also contain other information available to the reporting person that might establish the cause of the abuse or neglect, and the manner in which the abuse or neglect occurred. "Child abuse" is defined as harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare, or by a teacher or teacher's aid, that occurs through non-accidental physical or mental injury; sexual abuse; sexual exploitation; or maltreatment. "Child neglect" is defined as harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following: Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care; or placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene or eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

The statue abrogates the physician-patient privilege to the extent that the physician is obligated to report under the law. The statute also provides that failure to report under circumstances where a report should have been made could cause a physician or other person to be civilly liable for damages and possibly guilty

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

of a misdemeanor if the person knowingly fails to report. The civil liability would only run to the benefit of the child who may have been damaged as a result of the failure to report, and not to any other third person. The statute specifically provides for immunity from civil or criminal liability if a person reports in good faith.

The pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is deemed to be reasonable cause to suspect child abuse or neglect.

A county prosecutor has issued a directive that physicians are required to report the pregnancy of any teenager under 16 years of age. The prosecutor reasons that pregnancy is reasonable cause to believe that child abuse occurred. The prosecutor's position is that the reporting requirement exists in any circumstance of sexual abuse, even if the activity may not relate to a parent, legal guardian, or other person responsible for the child's health and welfare. MSMS legal counsel is in ongoing discussions with the prosecutor in an attempt to resolve this issue through legislation so that the law would not mandate physicians to report teen pregnancies with the obvious consequence of young women refusing to seek medical treatment. ■

The author is senior partner with Kerr, Russell, & Weber, Detroit.

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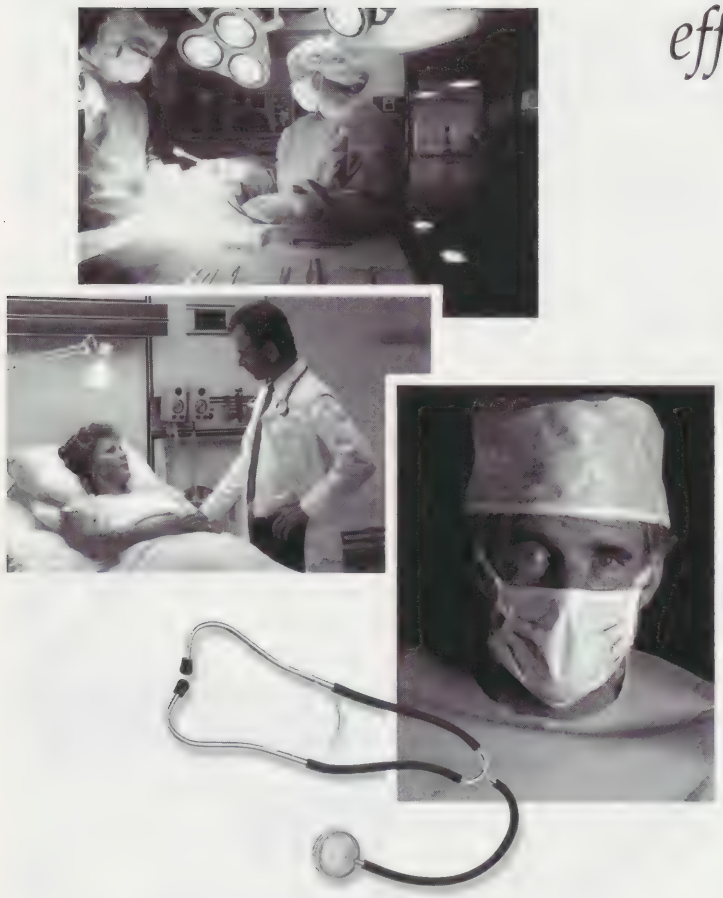
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Women Physicians Bring Their Leadership to New Levels

By Marguerite R. Shearer, MD, and Cassandra M. Klyman, MD

The medical profession is in a state of constant change, especially with the percentage of women physicians rising both on the national level and statewide. To ensure that the needs and concerns of all physician are being met, it is important for women physicians to become active in organized medicine. The MSMS Committee on Concerns for Women Physicians and the MSMS Women's Caucus provide a forum to meet the challenge of a changing health care arena.

MSMS Committee on Concerns for Women Physicians

This Committee is a venue for women members to share like aspirations and information concerning women in medicine issues. Members are appointed by the MSMS Board of Directors. The Committee meets 3-5 times per year. In the past year, the Committee sponsored an Annual Scientific Meeting course on Sexual Dysfunction. The course was so well attended that the Committee will sponsor Part Two of the course at this year's Annual Scientific Meeting.

The Committee has also been active in updating the Society's harassment policies. The new policies, which cover sexual harassment and discrimination, were distributed to staff in January. An ongoing pay equity study was also initiated by the Committee.

An annual event sponsored by the Committee is its Women Physicians/Women Lawmakers Reception. The reception is held in the spring and allows the opportunity for networking with female legislators. The legislators speak on the current topics of the legislature and receive feedback from the physicians.

Goals and Objectives

The Michigan State Medical Society Committee on Concerns of Women Physicians encourages the participation and leadership involvement of women physicians in organized medicine.

As women in medicine have gained in numbers and influence, the scope of the committee has also expanded to include the following key goals and objectives:

- Foster growth in the numbers and influence of women in organized medicine as a reflection of their increased numbers and impact on the medical profession.
- Provide advice and counsel to the MSMS Board of Directors, other committees and staff on matters of importance to women.
- Facilitate women's entry and advancement in the leadership of organized medicine and throughout the profession including research and teaching, health care administration and management, hospital medical staff leadership and group practice.
- Provide a forum for identifying, addressing and educating the profession about key issues of concern to women in medicine, in particular:
  - ♦ childbearing/rearing issues in training and practice;
  - ♦ gender-related organizational leadership barriers; and
  - ♦ gender-bias in the profession, including economic discrimination, sexual harassment and other gender-based inequities.
- Serve as an advocate on women in medicine issues, work with MSMS committees, members, staff and other organizations identified with women's issues in the development of related legislation, health care system reform proposals, scientific and public health policy, medical education initiatives and ethical policies.

- Serve as a patient advocate on women's health issues and act to eliminate gender disparities in medical research, diagnosis and treatment.
- Analyze and prepare the profession for the implications of a changing physician practice profile and the effect on the delivery of medical care as more women enter the profession.
- Promote collegial mentoring and network activities among women physicians, residents and students.

MSMS Women's Caucus

The Caucus was formed as a way for women physicians to become involved in organized medicine and its political process. Caucus meetings are open to all women physicians and medical students. The meetings are opportunities to share ideas and concerns. Meetings are held during the Annual Scientific Meeting in the fall and the House of Delegates Meeting in the spring. The next meeting is tentatively scheduled for Thursday, October 29, 1998, at 5:30 p.m. at the Ritz Carlton in Dearborn.

The purposes of this organization are:

- To establish a group of women physicians, residents and medical students which will provide the opportunity for those who attend MSMS meetings to discuss issues relating to the practice of medicine and other matters having a bearing on their medical careers as women.
- To provide a forum for women physicians to discuss political issues and candidates running for MSMS office.
- To encourage women physicians to become involved in the political process and provide a forum for presenting their concerns and ideas.
- To provide a network for women physicians and medical students.
- To provide representation at the MSMS House of Delegates and AMA House of Delegates/Women's Caucus.
- To groom women physician leaders.

For additional information regard the MSMS Committee on Concerns of Women Physician, or the MSMS Women's Caucus, please contact Sherry Barnhart at MSMS at (517) 336-5786; or sbarnhart@msms.org. ■

Doctor Shearer is chair of the MSMS Womens' Caucus. Doctor Klyman is chair of the MSMS Committee on Concerns for Women Physicians.

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NEWSMAKERS

Mark I. Evans, MD, recently was invited to organize the Nobel Foundation Fetal Medicine Symposium held at the Karolinska Institutet in Stockholm, Sweden. Doctor Evans is a professor at the Wayne State University School of Medicine and vice chief at Hutzel Hospital.

Lewis A. Jones, Jr., MD, a radiologist and newly appointed physician consultant with the Michigan Department of Community Health, recently was included in *Who's Who in the Midwest 1998-1999*. To be selected for this guide, which lists 16,000 influential midwesterners, candidates must hold a position of responsibility or have attained a significant achievement in their field.



Kevin A. Kelly, managing director for MSMS, recently has joined the Michigan AIDS Fund Corporate Advisory Board. The board is made up of representatives from some of Michigan's largest and most prestigious organizations and businesses.



Raina Ernstoff, MD, a neurologist with William Beaumont Hospital recently received an award of recognition for her leadership within the Myasthenia Gravis Foundation of America. Doctor Ernstoff specializes in the care of patients with Myasthenia Gravis as well as other neuromuscular diseases. She served as chair of the Myasthenia Gravis Foundation's National Board of Directors for one year, and has been involved with the foundation for 20 years.

Neal Nathanson, MD, recently has been named the new director of the National Institutes of Health's (NIH) Office of AIDS Research. Doctor Nathanson, who is a world leader in viral pathogenesis, has a background in virology, public health, and epidemiology. He is an active member of the NIH AIDS Vaccine Research Committee.

C. Edward Coffey, MD, has been named a fellow in the American Psychiatric Association. Doctor Coffey is the chair of the Department of Psychiatry at Henry Ford Health System. The association is an international medical specialty society with a membership of 40,500 physicians specializing in the diagnosis and treatment of mental and emotional illnesses and substance use disorders.



NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Hoda A. Asmar, MD, *Cadillac*
Annette Barnes, MD, *Port Huron*
Geoffrey R. Cousins, MD, *Detroit*
Uday Ashwinrai Desai, MD, *Grand Blanc*
David J. Doukas, MD, *Ann Arbor*
Charles M. Goddard, MD, *Grosse Ile*
Peter G. Grain, MD, *Port Huron*
Riad R. Hajjar, MD, *Port Huron*
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Daniel E. Lipschutz, MD, *Ypsilanti*
Frederick Lopatin, DO, *Dearborn*
Michelle A. Matthews, MD, *Detroit*
Adnan Nadir, MD, *Port Huron*
Fedor Opochinskiy, MD, *Farmington Hills*
Gerald D. Vermeulen, MD, *Cadillac*

OBITUARIES

Benjamin B. Blum, MD, died on March 1, 1998. He was 92. Doctor Blum, a Petoskey internist, graduated from the University of Wisconsin Medical School in 1933. He served in the Army medical Corps from 1944-46. Doctor Blum was a member of the Northern Michigan Medical Society, a Fellow-Life member of the American College of Physicians, the American Legion, a Diplomat for the American Board of Internal Medicine, AMA, and MSMS.

Enrique Cabrera, MD, died on March 21, 1998. He was 67. Doctor Cabrera graduated from the Havana University School of Medicine in 1957, and later practiced obstetrics and gynecology in Livonia. He was a member of the Wayne County Medical Society and MSMS.

Anne B. Cronick, MD, died on March 20, 1998. She was 87. Doctor Cronick, a Jenison psychiatrist, graduated from the University of Michigan Medical School in 1936. She was a member of the American Psychiatric Association, Michigan Association of Neuropsychiatric Hospital and Clinic Physicians, Michigan Association of the Professions, Michigan Council of Child Psychiatrists, the Muskegon County Medical Society, the AMA, and MSMS.

Lamar J. Hankamp, MD, died on March 15, 1998. He was 82. Doctor Hankamp graduated from the University of Rochester School of Medicine in 1944, and later practiced radiology in Ann Arbor. During WWII, he served in the U.S. Navy, and later served as a medical officer from 1953-54 during the Korean Conflict. Doctor Hankamp was a member of the AMA, MSMS, the Washtenaw County Medical Society, American College of Radiology, Radiological Society of North America, and the Detroit Roentgen Ray Society.

B. Elmore E. Henig, MD, died on February 8, 1998. He was 79. Doctor Henig, an East Lansing general surgeon, graduated from the Wayne State University College of Medicine in 1943. From 1946-48, he served as a captain in the U.S. Army Medical Corps. Doctor Henig was a member of the AMA, MSMS, Medical Society of North Central Counties, American College of Surgeons, Detroit Academy of Surgeons, chair of the surgical section of the MSMS (1964), and chair of Michigan Committee on Trauma.

Constantin Predeteanu, MD, died on March 16, 1998. He was 75. Doctor Predeteanu, a Troy dermatologist, graduated from the Medical School of Bucharest Romania in 1949. He was a member of the AMA, MSMS, Oakland County Medical Society, Wayne County Medical Society, Michigan Dermatology Society, Michigan Allergy Society, American Academy of Dermatology, and the American Society of Dermatology Surgery.

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Help Your Patients Light Up . . . Their Lives

By Michigan Health Council

An innovative Website offering smoking cessation materials (www.smashsmoking.org), created by the Michigan Health Council and supported in part by an educational grant from Glaxo Wellcome, is now on-line. There are numerous materials for physician offices use that can be personalized with physician or practice name, downloaded, printed, and copied for distribution.

Less than half of physicians surveyed in 1996 by Prudential HealthCare felt confident they could give smoking cessation advice, though most said it was "very" or "extremely" important. Time constraints, reluctance by insurers to reimburse for counseling services, and the fact that counseling rarely yields quick results are common barriers for physicians. Yet more than 70 percent of smokers are interested in quitting smoking and would be more likely to stop smoking if their physician advised them to quit. Physicians can have a substantial affect—getting even brief advice to quit (two to three minutes) is associated with a 30 percent increase in the number of people who quit.

The feeling that it is difficult to change a patient's behavior may discourage integrating smoking cessation advice into practice, but physicians who have done it are encouraged by the results. By providing information and support, patients can be encouraged to make this critical, potentially life-saving decision.

The Smash Smoking Website is a more practical, immediately available form of the former, MASH program, which provided mailed materials to over 3,200 physicians! The free kit of MASH materials, developed by a committee on which Ronald Davis, MD, represented the Michigan State Medical Society, included the Agency for Health Care Policy and Research Smoking Cessation Guideline, as well as other useful items that made it quick and easy for physicians and their staff to help their patients become tobacco-free. Copies of the guide and MDCH supplemental smoking cessation kits are still available at no cost by calling (800) 537-5666.

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Making Michigan a Model in Palliative Care

By Stacy R. Lammers

"Palliative Medicine: To cure sometimes, to relieve often, to comfort always."
—Sir William Osler

A grandmother and her young granddaughter are walking home from an afternoon trip to the market. They carry the ingredients for making what the grandmother calls "angel wings." When they return to the grandmother's home, she teaches her granddaughter to prepare the fluffy, sugary confections. They spend many afternoons like this together, cooking, laughing, and enjoying one another.

When the granddaughter becomes an adult, she still visits her grandmother, as always, but her grandmother has become more distant with each visit, and sometimes, she becomes disoriented and agitated for no apparent reason. She often forgets simple things, like her own recipes and her full name. After concern from her family, she is taken to the hospital and eventually is diagnosed with progressive dementia, caused by Alzheimer's disease. With her physical and mental condition worsening, and the risk of irreparable brain damage over time, her children now have to cope with something they had never really considered; they have to set the course for the rest of her life by providing her with emotional and medical care.

Difficult Situations

A familiar situation in this country, family members, as well as physicians, must come to terms with the difficult responsibility of caring for the suffering and terminally ill. However, death and dying are topics that many people would like to avoid because today's society is about living longer and prolonging death. It is possible to make dying as positive or as negative of an experience as we wish to.

Palliative care is becoming more significant in medicine because caring for the dying is an art and a science unto itself. MSMS, in conjunction with the Michigan Department of Community Health (MDCH), the Michigan Nurses Association (MNA), the Michigan Hospice Organization (MHO), and Hospice of Michigan, recognized this at the spring Palliative Care Conference in East Lansing. Discussions of issues like pain management, public issues, and hospice programs were administered by leading professionals in the field, who offered tangible, helpful approaches to this form of care.

Dying a "Good Death"

"We've died [since the beginning of humankind]. So why do we feel the need to examine death all of a sudden?" asked Marilyn S. Webb, author and contributing speaker at the conference. "The answer is that although we are now living longer, we're also dying harder." Webb's opening remark poses a critical question to the medical community, one that begs physicians to confront both the emotional and medical sides of end-of-life care.

What is the difference between a "good hospice death" and a "bad hospice death?" Webb, author of *The Good Death: The New American Search to Reshape the End of Life*, believes that certain things can occur to create a positive death experience for the patient. "Allowing a patient to have closure, managing his/her pain well, continuing to have conversations with the patient, and offering the utmost in comfort to that person," says Webb. "That's what dying a good [hospice] death involves."

Webb also gave examples of a "bad hospice death." She shared some of her personal experiences at a hospice in New York City, where she established many close relationships with patients and their families. One gentleman, who was dying of AIDS, suffered severe pain throughout his hospice care. Although he had requested that his doctor give him high doses of morphine, it was not administered because the doctor feared that the patient's history of recreational drug use would affect the treat-

ment. The gentleman, who had not used drugs in over seven years, died in severe pain. Webb asked, "What does it matter that a patient may have had a questionable past? He's in pain *now*."

She urged that professional caregivers listen to the patient when it comes to his/her care. Webb listed several needs for achieving a "good hospice death," as suggested by hospice patients. The list includes:

- Open, ongoing communications with family, caregivers
- Preservation of patient's decision-making power
- Sophisticated symptom control
- Limits on aggressive treatment
- Treatment focus
- Financial support
- Emotional and spiritual support
- Never abandoning the patient

Pain Management

According to speaker Neil M. Ellison, MD, health care providers must "see things from the patient's perspective" in order to know how properly to care for dying patients. Doctor Ellison, director of Palliative Care Services and an associate in the Division of Medical Oncology at Geisinger Medical Center in Philadelphia, spoke about different medical options for managing cancer pain. About palliative medicine, he said, "Communication is the key to knowing how to treat a patient. And remember that loss of communication [on the patient's part] does not mean loss of pain."

Doctor Ellison also reminded physicians that they must change their mindsets about the administering of drugs because the primary medical course to follow in palliative care is treating the pain and symptoms of the patient. "We must get our colleagues to say 'yes' to administering drugs," he said. "As an oncologist, I know that cancer care is not just about chemotherapy, it's about total care, including relieving the patient's pain."

The transition from curative to palliative care is often the time when physicians look at their collective role in medical treatment. Russell K. Portenoy, MD, chair of the Department of Pain Medicine and Palliative Care at Beth Israel Medical Center in New York City, agrees that pain management is the only medical role for doctors to play in a patient's dying. "Since we [doctors] have no real medical role in this situation except pain management, we inevitably become anxious about our own mortality," he said. "We have been trained to perceive death as a failure on our part, when we need to see it as an opportunity to learn how to provide comfort and support for those who are dying."

Public Policy Issues

Susanne F. Homant, executive director of MHO, brought to light some public issues regarding the current and future status of palliative care and hospice on both federal and state levels. Federal activity like the Balanced Budget Act of 1997 already has affected health care in a positive way through the Medicare Hospice Benefits Amendments. The amendments contain the following key changes for hospice care:

- Beneficiaries are now eligible for two 90-day periods for receiving hospice benefits, and can enroll and dis-enroll later without penalty.
- Hospices can now contract for physician services with independent contractor physicians or physician groups.
- Rural hospitals may waive staffing requirements for certain personnel—dietary counselors, physical and occupational therapists, and speech pathologists.
- Physician certification is required to be in the patient's file before the hospice can bill for services.
- Additional medical education funds will be available for non-hospital residency training.

"We have been trained to perceive death as a failure on our part, when we need to see it as an opportunity to learn how to provide comfort and support to those who are dying."

Russell K. Portenoy, MD, Beth Israel Medical Center in New York City



John W. Finn, MD, chair of MSMS Palliative Care Committee and Karen S. Ogle, MD, meet at the Palliative Care Conference held in April 1998.

Campaign for End-of-Life Care

MSMS Committee on Bioethics Works Toward a Vision

By Stacy R. Lammers

A new dawning for end-of-life care rapidly is evolving because organizations like the Michigan State Medical Society (MSMS) are dedicated to meeting one of the greatest challenges we face today: improving care for patients approaching death. MSMS is taking an active role in examining end-of-life issues through committees like the Committee on Bioethics, which examines scientific, moral, ethical, and political concerns dealing with the beginning and end of life.

For decades, the medical profession has focused on the growth of medical technology as a means of preserving and extending life, with death being viewed as the ultimate enemy. The time has come for physicians to focus on perfecting the skills necessary to ensure that dying patients are comfortable, and that the dying experience has value and dignity. This committee examines and considers variety of issues that have raised increasing problems for physicians, and therefore, MSMS.

According to Howard Brody, MD, chair of the MSMS Committee on Bioethics, end-of-life issues—assisted suicide, for example—are

(Information acquired from MHO.)

At the forefront of state-level policy is the issue of assisted suicide. Senate Bill 200, which would ban assisted suicide in Michigan if it is passed, is being considered in the state legislature. Because of the controversial nature of this issue, Homant understands that it is difficult for most people to address, but it is important for doctors to take action on this. "The [state and federal] government controls many issues that affect, and sometimes prevent, health care," she explained. "But by getting involved at the grassroots level, physicians and other health care providers can promote change for the better." Homant offers suggestions that will help physicians to become more involved in public policy issues:

- Hold elected officials and public administrators responsible for passing and enforcing effective, timely laws.
- Oppose or refuse to support useless legislation; instead, work on amendments and actions that will make a difference.
- Be confident enough to stand for the rights of your patients and to address their needs in the legislative as well as the clinical arena.
- Support the legislative allies of end-of-life issues.

The Role of Hospice Care

When providing end-of-life care, goals must be set by the patient, the patient's family, and the care providers to determine the course of treatment. Michael E. Frederich, MD, director of the St. Vincent Hospice in Indiana, emphasized that hospice care is goal-oriented, and begins with the physician directly asking the patient, "What do you hope will come out of this?" Doctor Frederich continued with an explanation of the three general goals in hospice care:

- Make diagnostic and therapeutic plans in

"Society is ready for better end-of-life care. We need to focus on palliative care and offer hospice as an option earlier in the patient's course of treatment."

Carolyn J. Cassin, president and chief executive officer of Hospice of Michigan

symptoms of a deeper set of problems. "We have created systems of providing care that are not very responsive to patients' and their families' needs in this area, and these systems are hard to change."

Doctor Brody offers examples of the items on the committee's list of things to be accomplished:

- Revising the approach to advance directives, especially durable power of attorney.
- Finding effective clinical "triggers" to remind physicians to speak with patients about advance directives at appropriate times.
- Finding effective clinical "triggers" to signal when palliative care needs to be considered.
- Finding better ways of educating physicians and patients about palliative options.
- Improving the training of medical students and residents in palliative care.
- Creating a permanent liaison between the Committee on Bioethics and the Hospice Medical Directors' Committee.

James E. Waun, MD, committee vice chair, also believes that MSMS holds a crucial role in educating Michigan physicians on multifaceted issues like end-of-life care. "We bring three main objectives to the table: better pain management, more advanced directives, and better use of hospice."

The 1998 MSMS Mackinac Island Conference on Bioethics is planned for October 2-4 at the Grand Hotel. For more information, please contact David Fox at (517) 336-5726 or dkfox@msms.org. Also, visit our Bioethics page on MSMSNet at http://www.msms.org under "Education."

terms of the patient, not the disease.
- Maximize the patient's function.
- Minimize suffering of the patient and the family.

According to Doctor Frederich, hospice offers a form of care that puts the patient in the driver's seat, so to speak. Doctor Frederich also reminds care providers that they must determine what exactly their patients want (regarding care) by listening to the patient. "Ideally in hospice care, the patient has control of treatment," he said. "We take cues from [the patient] when it comes to managing pain, and offering comfort and support."

Organizations like Hospice of Michigan are working to change and improve upon the current standards for end-of-life care. Carolyn J. Cassin, president and chief executive officer of Hospice of Michigan, believes that now is the time for change in health care. "Society is ready for better end-of-life care," she said. "We need to focus on palliative care and offer hospice as an option earlier in the patient's course of treatment."

Cassin also feels that the current health care system needs to better use its resources, like hospice, to administer comfort and care to those who are dying. "People at the end of life aren't asking for things that are out of our grasps to give them," Cassin said. "They simply don't want to go through it alone."

The Future of Palliative Care

After addressing the goals and needs for better end-of-life care programs, doctors and other care providers focused on how to achieve those goals and how to ensure that the state of palliative care continues to improve in this country. Doctor Portenoy directed doctors to think about creating a palliative care model for doctors and patients. "A palliative care model recognizes the need to address symptom distress, physical impairments, and psychological disturbances even during the period of aggressive primary therapy," he said.

Doctor Portenoy also enthusiastically promoted the idea that palliative medicine needs to become a specialty or a subspecialty in disciplines like medicine and nursing. Already a specialty in several other countries, palliative care has gained gradual acceptance in the US, but according to Doctor Portenoy, has a long way to go. "We need to support palliative medicine as a discipline and a specialty in academic and training programs," he asserted, "because we need to go beyond just adequately meeting the need of patients." Once more acceptance is gained in the medical community, Doctor Portenoy believes that palliative care services and programs will be better able to advance both as a highly studied form of care and as a source of comfort for terminally ill patients.

Cassin closed the conference by seconding this goal. She urged doctors and others to make a commitment to better end-of-life care in Michigan, and to move health care forward by offering more hospice and palliative care programs. She emphasized, "[Michigan] can eventually be known as the nation's model for what end-of-life care can be." ■

The author is Communications Specialist at MSMS.

Another MSMS-sponsored conference, Palliative and Hospice Care-Part II, is currently scheduled for Thursday, November 12, 1998 at the Novi Hilton. For more information, please contact Tom Seely at (517) 336-5770 or tseely@msms.org.

REGISTRATION FORM

October 28, 29, and 30, 1998 • The Ritz-Carlton, Dearborn

Michigan State Medical Society

133rd ANNUAL SCIENTIFIC MEETING

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Adopt-a-Doctor Discount*

Take $25 off your registration total if you bring a physician who has never attended (or if you have never attended) an MSMS Annual Scientific Meeting.

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CHOOSING YOUR COURSES: Please *clearly circle* your *first* and *second* choice for each morning and/or afternoon session you will be attending.

Wednesday Morning, Oct 28

8:30 a.m. to noon with a half-hour break

1 2 Preventative Medicine is a Family Affair
1 2 Update: Infectious Disease
1 2 Frequently Encountered Neurological Problems
1 2 Allergic Rhinosinusitis and Asthma
1 2 Otologic Medicine
1 2 Cutaneous Melanoma & Mucous Melanoma

☐ **Wednesday Lunch (No Fee)***

Wednesday Afternoon, Oct 28

1:30 p.m. to 5:00 p.m. with a half-hour break

1 2 Golden Pearls from the Golden Girls
1 2 Update in Otolarynology for the Primary Care Physician
1 2 Cancer Clinical Research in Private Practice: Providing the Best for Our Patients
1 2 Drug Hypersensitivity
1 2 Changing Paradigms in Peer Review: How Will They Affect Your Practice?
1 2 Bleeding Disorders in Women – Recognition and Management

Thursday Morning, Oct 29

☐ **"Early Bird" Plenary Session** – 7:15-8:15 a.m. The Growing Use of Alternative Medicine **(No Fee)**

8:30 a.m. to noon with a half-hour break

1 2 Complementary/Alternative Medicine: Overview and Introduction "Implications for Optimal Health"
1 2 Office Rheumatology: Including Lemons Among the Lymes
1 2 Evaluation and Treatment of Hand Problems for the Primary Care Physician
1 2 Pharmacological Considerations in Pediatrics
1 2 Rapid Neurological Assessment in the Acute Care Setting
1 2 Plastic Surgery for the Primary Care Physician

☐ **Thursday Lunch (No Fee)***

Thursday Afternoon, Oct 29

1:30 p.m. to 5:00 p.m. with a half-hour break

1 2 Sexual Secrets: Everything Your Patients Want You to Know But are Afraid to Tell
1 2 Radiology for Clinicians
1 2 Pain Management Liability Issues
1 2 Diagnosis and Treatment of Occupational Injuries
1 2 Diagnosis and Management of Common Vascular Problems

Friday Morning, Oct 30

☐ **"Early Bird" Plenary Session** - 7:15-8:15 a.m. First Do No Harm – Making Good Policy in the Face of Scientific Uncertainty **(No Fee)**

8:30 a.m. to noon with a half-hour break

1 2 Michigan's Fish Consumption Controversy: What Physicians Need to Know
1 2 Acute, Chronic and Terminal Pain Management
1 2 Resolving Food Dilemmas for Patients of All Ages
1 2 Neurosurgical Update
1 2 Preventable Renal Disease: Hypertension, Diabetes, Ischemia
1 2 Technology Symposium – Part 1
1 2 Hands-On Intro to Computers and the Internet

☐ **Friday Lunch (No Fee)***

Friday Afternoon, Oct 30

1:30 p.m. to 5:00 p.m. with a half-hour break

1 2 What's New in Urology
1 2 Clinical Update in Colon and Rectal Surgery
1 2 Management of Cardiovascular Disease and Diabetes
1 2 Benefits and Risks of Hormone Replacement Therapy (HRT) in Menopausal Women
1 2 Physicians and Managed Care
1 2 Technology Symposium – Part 2
1 2 Hands-On Intro to Computers and the Internet

***LUNCH: Advance notice is requested so MSMS can give an accurate guarantee. Please indicate which days you want a lunch ticket. Lunch is served from Noon to 1:30 p.m.**

YOUR PAYMENT

MSMS Members: $65 per course
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Residents: $35 per course
Non-Members: $85 per course
Nurses: $65 per course
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**NOTE: Each attendee must pay a $25 one-time registration fee. Includes registration materials, handouts, refreshments, and plenaries.

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The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 20 hours of Category 1 Credit toward the requirements for Michigan relicensure and of the Physician Recognition Award of the AMA, provided it is completed as designed. Each concurrent CME course offers 3 hours of Category 1 CME credit unless otherwise noted. The plenary sessions on Thursday and Friday mornings offer 1 hour each of Category 1 CME credit.

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Michigan State Medical Society

133rd ANNUAL SCIENTIFIC MEETING





"For all people, education must be made to seem a requirement of human life as long as that endures."

Isaac Asimov



Ritz-Carlton, Dearborn

October 28, 29 & 30, 1998

The 133rd MSMS Annual Scientific Meeting, co-sponsored by Blue Cross Blue Shield of Michigan, takes place October 28, 29, and 30, 1998. The conference, held at the Ritz-Carlton Hotel in Dearborn.

The MSMS Annual Scientific Meeting Planning Committee has worked with hospitals, specialty societies, and medical schools to develop this year's statewide conference. The objectives are:

- *To provide physicians of all specialties, physician assistants, registered nurses, and allied health care professionals with cutting-edge programing featuring the latest diagnoses and treatments available.*
- *To offer the best-quality CME in a convenient location.*
- *To highlight the use of technology in medical practice at the technology symposium.*

For further information on the courses, please contact Brenda Menzies at (517) 336-7580 or at bmenzies@msms.org, or see our Website at http://www.msms.org.

ASM Course List

WEDNESDAY MORNING, OCTOBER 28

All morning courses run from 8:30 a.m. to noon with a half-hour break.
Complimentary coffee available at 7:00 a.m.
Lunch provided in Patron Forum from 12 Noon - 1:30 p.m.

Preventative Medicine is a Family Affair

PRESENTED BY: Michigan Academy of Family Physicians
This course will provide primary care physicians a review of evidence for and against preventative services, and discuss current controversies in several specific areas, such as colon cancer screening and mammography.
COURSE DIRECTOR: Karen B. Mitchell, MD, Clinical Faculty, Provident Family Practice Residency, Southfield

Update: Infectious Disease

PRESENTED BY: Department of Internal Medicine, Division of Infectious Disease, Wayne State University
This course will emphasize appropriate and cost effective use of outpatient antibiotic therapy and will update adult immunizations and the newly revised CDC treatment guidelines for sexually transmitted diseases.
CO-COURSE DIRECTORS: **Patty Brown, MD**, Assistant Professor of Medicine, Department of Internal Medicine, Division of Infectious Disease, Wayne State University, Detroit; and **Jack Sobel, MD**, Professor of Medicine, Division of Infectious Disease, Wayne State University; President, Michigan Infectious Disease Society, Detroit

Frequently Encountered Neurological Problems

PRESENTED BY: Department of Neurology, Wayne State University School of Medicine
This course will present information on frequently encountered neurological problems for primary care and emergency medicine physicians. Topics will include: stroke, peripheral neuropathy, headache and sleep disorders.
COURSE DIRECTOR: **Paul A. Cullis, MD**, Clinical Associate Professor of Neurology, Wayne State University, Department of Neurology, Warren

Allergic Rhinosinusitis and Asthma

PRESENTED BY: Michigan Allergy and Asthma Society
This course reviews the role played by allergens, infections, immunity and pollution in rhinosinusitis. Basic mechanisms of asthma, especially the inflammatory component, aggravating/causative factors of asthma, the use of leukotriene/leukotriene receptor inhibitors, inhalable corticosteroids and long-acting beta-agonists in the management of chronic asthma will be discussed.
COURSE DIRECTOR: Michael A. Facktor, MD, President-Elect, Michigan Allergy and Asthma Society, West Bloomfield

Otologic Medicine

PRESENTED BY: Michigan Otolaryngological Society
The Michigan Otolaryngological Society will present a course covering several aspects of common otologic problems. The course will include discussion on the management and treatment of acute facial paralysis, common balance disorders, hearing loss including cochlear implantation and the treatment of common ear problems in the office.
CO-COURSE DIRECTORS: **H. Alexander Arts, MD**, FACS, Assistant Professor, Department of Otolaryngology, University of Michigan Medical Center, Ann Arbor; and **Michael J. LaRouere, MD**, President, Michigan Otolaryngological Society, Farmington Hills

Cutaneous Melanoma and Mucous Melanoma

PRESENTED BY: Michigan Dermatological Society
This course will focus on melanoma, unusual melanoma and epidemiology of this cancer.
COURSE DIRECTOR: Ali Moiin, MD, Livonia

WEDNESDAY AFTERNOON, OCTOBER 28

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break

Golden Pearls From the Golden Girls

PRESENTED BY: Michigan Academy of Family Physicians
COURSE DIRECTOR: Mary E. Roth, MD, Southfield

Update in Otolarynology for the Primary Care Physician

PRESENTED BY: Department of Otology, University of Michigan School of Medicine
This course is designed to review core material and new developments for the diagnosis and treatment of common otolaryngologic complaints. A systematic, simplified approach to office evaluation of the dizziness, hoarseness, snoring, sleep apnea, and head and neck tumors will be presented. New

diagnostic testing and medical and surgical options for treatment will be emphasized.

COURSE DIRECTOR: **Hussam K. El-Kashlan, MD**, Assistant Professor, Department of Otolaryngology-HNS, University of Michigan, Ann Arbor

Cancer Clinical Research in Private Practice: Providing the Best for Our Patients

PRESENTED BY: Josephine Ford Cancer Center (Henry Ford Health System) and American Cancer Society of Michigan

This course will discuss the importance of patient involvement in cancer clinical trials; will describe a sample of such clinical trials, with the examples of how increased physician involvement could improve the quality of patient care at the community level; and will provide contact persons and support facilities for the conduct of clinical trials and community practices.

COURSE DIRECTOR: **Raymond Y. Demers, MD**, MPH, Director, Josephine Ford Cancer Center, Henry Ford Health System, Detroit

Drug Hypersensitivity

PRESENTED BY: Departments of Internal Medicine and Pediatrics, Wayne State University School of Medicine

This course will provide an introduction to the basic concepts of drug hypersensitivity and intolerance. It will include in depth reviews of penicillin allergy, sulfa hypersensitivity and a review of cutaneous manifestations of adverse drug reactions.

COURSE DIRECTOR: **Michael R. Simon, MD**, Training Program Director, Allergy and Immunology, Wayne State University School of Medicine, Detroit

Changing Paradigms in Peer Review: How Will They Affect Your Practice?

PRESENTED BY: The Physician's Review Organization of Michigan

This course will examine the changing dynamics and importance of the Peer Review process and consider its future application and use in the age of managed care. Case studies will provide the basis for group analysis and discussion.

COURSE DIRECTOR: **Donald C. Smith, MD**, Medical Director, PROM, East Lansing

Bleeding Disorders in Women – Recognition and Management

PRESENTED BY: Children's Hospital of Michigan and Wayne State University

This course will provide practical information concerning bleeding disorders in women – disorders which are common but often overlooked such as von Willebrand disease (vWD). Other causes of bleeding in women (including gynecologic and systemic disorders), the use of anticoagulants during and following pregnancy, and indications for consultation and referral will be also discussed.

COURSE DIRECTOR: **Jeanne Lusher, MD**, Director, Hemostasis Program; Distinguished Professor of Pediatrics, Wayne State University School of Medicine/Children's Hospital, Detroit

Wednesday Special Events

Michigan Allergy and Asthma Society

12:00 noon - 1:30 p.m. – Luncheon

Wayne State University

6:30 p.m. - 9:30 p.m. – Reception

THURSDAY MORNING, OCTOBER 29

All morning courses run from 8:30 a.m. to noon with a half-hour break.

Complimentary coffee available at 7:00 a.m.

Lunch provided in Patron Forum from 12 Noon - 1:30 p.m.

"Early Bird" Plenary Session, 7:15 a.m. - 8:15 a.m.
The Growing Use of Alternative Medicine

This lecture will define and describe alternative medicine and its historical roots, the prevalence of its use today and the reason for its popularity. It will also discuss the work of Office of Alternative Medicine within the National Institutes of Health and its pivotal role in sponsoring and supporting research to demonstrate the safety, efficacy and dangers of the major modalities of alternative medicine.

Complementary/Alternative Medicine: Overview and Introduction
"Implications for Optimal Health"

PRESENTED BY: Children's Hospital of Michigan and Wayne State School of Medicine

This course will provide an overview of complementary/alternative therapies, including acupuncture, herbal/

nutritional therapies, massage/bodywork, homeopathy and manipulative and mind/body therapies.

COURSE DIRECTOR: **Anju Sikand, MD**, Assistant Professor of Pediatrics, Children's Hospital of Michigan and Wayne State University School of Medicine, Detroit

Office Rheumatology: Including Lemons Among the Lymes

PRESENTED BY: Michigan Rheumatology Society

This course will 1) update office based physicians on the diagnosis and treatment of common shoulder problems 2) encourage the office practitioner to treat rheumatoid arthritis and 3) allow the physician to identify infectious arthritis, with emphasis on distinguishing Lyme Disease from chronic aching and fatigue.

COURSE DIRECTOR: **Joseph J. Weiss, MD**, Chair Program Committee, Michigan Rheumatology Society, Livonia

Evaluation and Treatment of Hand Problems for the Primary Care Physician

PRESENTED BY: University of Michigan Medical Center

This course will discuss physical examination of the hand, radiographic evaluation, indications for splinting techniques, common adult and pediatric hand problems, sports related hand injuries, and fracture management.

COURSE DIRECTOR: **Peter J.L. Jebson, MD**, Assistant Professor, University of Michigan Medical Center, Ann Arbor

Pharmacological Considerations in Pediatrics

PRESENTED BY: DeVos Children's Hospital

This course will focus on four pharmacological issues: pediatric hypertension, sedation for pain procedures, a variety of immunogloblins in use, and new antibiotics for emerging resistant microbial organisms.

COURSE DIRECTOR: **Nabil E. Hassan, MD**, Pediatric Intensivist, DeVos Children's Hospital, Grand Rapids

Rapid Neurological Assessment in the Acute Care Setting

PRESENTED BY: Michigan College of Emergency Physicians

This course will provide practical information about the rapid assessment of neurological complaints in the emergency department, urgent care and office setting. Emphasis will be placed on relating neuroanatomy to practical neurological examination, altered mental status and headache as prototypes.

COURSE DIRECTOR: **Gregory L. Henry, MD**, Past President, ACEP, Ann Arbor

Plastic Surgery for the Primary Physician

PRESENTED BY: Michigan Academy of Plastic Surgeons

This course will provide primary care physicians a review of occupational disorders of the hand and present an algorithm for the care of dysplastic nevi vs melanoma. Basic pediatric plastic surgery and an overview of technical advancements in plastic surgery will be discussed.

COURSE DIRECTOR: **Vigen B. Darian, MD**, Senior Staff Surgeon, Henry Ford Health System, Detroit

THURSDAY AFTERNOON, OCTOBER 29

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

Sexual Secrets: Everything Your Patients Want You to Know But are Afraid to Tell

PRESENTED BY: Michigan Psychoanalytic Society and MSMS Committee on the Concerns of Women Physicians

This course will review a variety of sexual variations including exhibitionism, voyeurism, sadomasochism, transvestism, trans-sexualism and other paraphilias. The health and legal consequences, and treatment of these paraphilias will be covered. Relevant clinical examples will be presented.

CO-COURSE DIRECTORS: **Evangeline J. Spindler, MD**, Past President, Michigan Psychoanalytic Society, Ann Arbor, and **Cassandra M. Klyman, MD**, Chairperson, MSMS Committee on the Concerns of Women MDs, Bloomfield Hills

Radiology for Clinicians

PRESENTED BY: Michigan Radiological Society

This course will describe efficacy of certain radiologic diagnostic procedures and updates in four areas: a) ultrasonography issues relating to cost-effectiveness, b) myocardial perfusion in general practice, c) efficacious management of breast masses and d) diagnostic approach to the evaluation of the hepato-biliary system.

COURSE DIRECTOR: **A.P. Zingas, MD**, Associate Professor of Radiology, Wayne State University, Detroit

Pain Management Liability Issues

PRESENTED BY: MSMS Risk Management

This course will update and inform physicians regarding the treatment of painful maladies, focusing on appropriate diagnostics, treatment protocols, patient selection criteria and how to avoid liability issues.

COURSE DIRECTOR: **Thomas C. Payne, MD**

Diagnosis and Treatment of Occupational Injuries

PRESENTED BY: Michigan Occupational and Environmental Medicine Association

This course will provide practical information on the evaluation, diagnosis and treatment of occupational musculoskeletal injuries and compressive neuropathies of the upper extremities including carpal tunnel syndrome. Participants will gain a better understanding of the appropriate use of electrodiagnostic studies and physical medicine treatment modalities.

COURSE DIRECTOR: **Kevin K. Florek, DO, MPH**, Vice President, Michigan Occupational and Environmental Medicine Association, Oxford

Diagnosis and Management of Common Vascular Problems

PRESENTED BY: Michigan Vascular Society

This course will instruct primary care physicians in the diagnosis and management of common vascular problems encountered in clinical practice; the role of the vascular lab in the diagnosis of venous, arterial, and carotid pathology; the current status of carotid endartectomy in the prevention of strokes, and the management of common venous and diabetic foot problems.

COURSE DIRECTOR: **S.S. Hans, MD**, President, Michigan Vascular Society, Warren

THURSDAY SPECIAL EVENTS

Michigan Occupational and Environmental Medical Association
12:00 noon - 1:30 p.m. – Board Meeting

Specialty Society Presidents
12 Noon - 1:30 p.m. – Board Meeting

Michigan Society of General Surgeons
5:30 p.m. - 8:30 p.m. – Dinner

County Society Presidents
5:30 p.m. - 8:30 p.m. – Dinner

Michigan Occupational and Environmental Medical Association
CAREY PRATT MCCORD LECTURE*
6:00 p.m. - 10:00 p.m. – Reception and Dinner
*Physician CME (1.0) will be granted by WSU

University of Michigan Medical School Alumni (INVITATION ONLY)
6:30 p.m. - 7:30 p.m. – Reception
7:30 p.m. - 10:00 p.m. – Dinner

FRIDAY MORNING, OCTOBER 30

All morning courses run from 8:30 a.m. to noon with a half-hour break.
Complimentary coffee available at 7:00 a.m.
Lunch provided in Patron Forum from 12 Noon - 1:30 p.m.

"Early Bird" Plenary Session – 7:15 a.m. - 8:15 a.m.
First Do No Harm – Making Good Policy in the Face of Scientific Uncertainty

PRESENTED BY: Michigan Environmental Council

Michigan's Fish Consumption Controversy: What Physicians Need to Know

PRESENTED BY: Genesee County Medical Society / Michigan Environmental Council

This course will review risks of consuming fish contaminated with chlorinated hydrocarbons and mercury and present current Michigan fish advisories, and is especially pertinent for primary care physicians, pediatricians, and obstetricians/gynecologists.

COURSE DIRECTOR: Robert M. Soderstrom, MD, FACP, Flint

Acute, Chronic and Terminal Pain Management

PRESENTED BY: Michigan Pain Consultants, PC, and MSMS Committee of Hospice Medical Directors

This course reviews the pharmacology and development of a rationale for using analgesics and managing acute and chronic pain. Content will include the role of narcotics, analgesics and co-analgesics, hospice care and end of life issues, role of behavioral medicine, and rehabilitation management for pain conditions.

CO-COURSE DIRECTORS: **Fred N. Davis, MD**, Pain Management Specialist; Vice President, Michigan Pain Consultants, Grand Rapids; and **Tom George, MD**, Chair, MSMS Committee of Hospice Medical Director, Kalamazoo

Resolving Food Dilemmas for Patients of All Ages

PRESENTED BY: Michigan State University

Using established data and appropriate patient assessment, this course will enable the physician to formulate a reasonable approach to food, vitamin and mineral consumption. Risk factors, age, ethnic dietary patterns and food preferences will be considered.

COURSE DIRECTOR: **William B. Weil, MD**, Professor Emeritus of Pediatrics and Human Development, Michigan State University, East Lansing

Neurosurgical Update

PRESENTED BY: Detroit Medical Center and Wayne State University

This course will address the diagnosis and treatment strategies for a variety of neurosurgical diseases including cervical and lumbar spinal disorders, pituitary tumors and subarachnoid hemorrhage.

CO-COURSE DIRECTORS: **Reynaldo G. Castillo, MD**, Past President of Michigan Association of Neurological Surgeons, Grand Rapids; and **Murali Guthikonda, MD, FACS**, Assistant Professor; Chief Skull Base Surgery, Detroit Medical Center and Wayne State University, Detroit

Preventable Renal Diseases: Hypertension, Diabetes, Ischemia

PRESENTED BY: National Kidney Foundation of Michigan

This course will update the treatment and prevention of diabetic nephropathy, hypertensive and ischemic renal disease. The focus will be on the early recognition, evaluation and management of renal disease utilizing screening for microalbuminuria in people with and without diabetes. The JNC VI guidelines will be highlighted and discussed in regard to hypertensive management.

COURSE DIRECTOR: Warren Kupin, MD, Chairperson of Scientific Advisory Board – Executive Committee; Senior Staff, Division of Nephrology, Detroit

Technology Symposium - Part 1

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine

The MSMS Electronic Technology in Medicine Symposium is an educational forum for physicians who are interested in learning about the clinical applications of new medical technologies. Emphasis on the Internet2 project will bring focus, energy and resources to the development of a new family of advanced applications. Some of these technologies will be featured in the exhibit area.

COURSE DIRECTOR: **David R. Rovner, MD**, East Lansing

Hands-On Introduction to Computers and the Internet

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine.

This course will familiarize physicians with personal computer hardware, software, and common applications to include: word processing, presentation programs, and the Internet. The course will be held in the Oakwood Health Services Corporation computer classroom, approximately one mile from the Ritz-Carlton. Transportation will be provided.

COURSE DIRECTOR: Nicholas J. Lekas, MD, FACP

FRIDAY AFTERNOON, OCTOBER 30

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

What's New in Urology

PRESENTED BY: Henry Ford Hospital

This course will discuss new treatments for benign prostatic hypertrophy and erectile dysfunction. New methods for screening, diagnosing, and treating prostatic cancer will be presented.

COURSE DIRECTOR: **James O. Peabody, MD**, Staff Urologist, Henry Ford Hospital, Detroit

Clinical Update in Colon and Rectal Surgery

PRESENTED BY: Michigan Society of Colon and Rectal Surgeons

This course will afford a general medical audience the opportunity for increased understanding of anal incontinence, anal cancer, vascular disease of the colon and rectum, and an updated approach to colon and rectal cancer screening.

COURSE DIRECTOR: **James P. Lynch, MD**, Chief, Department of Colon Rectal Surgery, William Beaumont Hospital –Troy, Rochester Hills

Management of Cardiovascular Disease and Diabetes

PRESENTED BY: Department of Cardiology, University of Michigan School of Medicine

This course will instruct primary and consulting physicians in the application of guidelines for the diagnosis, management and prevention of congestive heart failure, diabetes, hypertension and myocardial infarction as well as the use of simple tools to improve outcomes.

COURSE DIRECTOR: Kim A. Eagle, MD, Professor of Internal Medicine, University of Michigan Medical Center, Ann Arbor

Benefits and Risks of Hormone Replacement Therapy in Menopausal (HRT) Women

PRESENTED BY: Wayne State University School of Medicine and Hutzel Hospital

This course will review the benefits, risks and complications of HRT and their management. It is suitable for all physicians interested in women's health.

COURSE DIRECTOR: **Kamran S. Moghissi, MD**, Professor of Obstetrics and Gynecology, Division of Reproductive Endocrinology, Wayne State University, Detroit

Physicians and Managed Care

PRESENTED BY: MSMS/HMO Medical Directors and MAHP

This course will focus on opportunities for practicing physicians and managed care plans to collaborate for the improvement of patient care by discussing the impact of administrative and regulatory issues affecting relations between physicians and health plans, and the development and use of practice guidelines and drug formularies.

COURSE DIRECTOR: Marshall Katz, MD, Medical Director, Midwest Health Plan

Technology Symposium - Part 2

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine

The MSMS Electronic Technology in Medicine Symposium is an educational forum for physicians who are interested in learning about the clinical applications of new medical technologies. Emphasis will be placed on TeSS, an experimental technology which allows surgical procedures to be performed by physician manipulating remote control devices. Some of these technologies will be featured in the exhibit area.

COURSE DIRECTOR: David R. Rovner, MD, East Lansing

Hands-On Introduction to Computers and the Internet

PRESENTED BY: Michigan State Medical Society Committee on Technology in Medicine

This course will familiarize physicians with personal computer hardware, software, and common applications to include: word processing, presentation programs, and the Internet. The course will be held in the Oakwood Health Services Corporation computer classroom, approximately one mile from the Ritz-Carlton. Transportation will be provided.

COURSE DIRECTOR: Nicholas J. Lekas, MD, FACP

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Susan H. Adelman, MD

Physician, Leader, Artist

By Kathleen Farrell

My assignment: Interview Pediatric Surgeon Susan H. Adelman, MD, about her recent election to the American Medical Association's (AMA) Board of Trustees, a prestigious and important role for any physician. I had the requisite background on this talented and multifaceted woman, and looked forward to getting to know more about her. I didn't realize that who I was about to meet would not conform exactly to my expectations. Because even with all of her accomplishments in medicine, after our meeting I found it difficult to think of Doctor Adelman as a physician only. In fact, she is an artist as well.

Home is Where the Art is

As I headed down the long, winding drive leading to her secluded home, I imagined how she must feel at the end of a long day making this same trip. Trees line the drive, creating a protective shell, squeezing out the strain of the working world as you travel down its path. It is only as you reach the red, brick paving that you realize you've arrived at an oasis. The sun bursts through a clearing and under the blue sky sits a simple brick and wood split-level home. The circular drive surrounds a garden of wildflowers, and a small pond covered with bright green lily pads catches your eye.

Doctor Adelman's home is as much a part of her as her accomplishments in medicine—in the operating room and board room. It is a home in which she takes great pride. Her large, airy studio just inside the front door is a journal of her life—sculptures of friends she has met on her many travels, paintings of native peoples, sketches of a street she may have crossed, geometric renderings of the basement corridors at Oakwood Hospital. In every style and piece of art that fills her home, there is a natural flow. Nothing seems out of place.

We talk at the dining room table overlooking a multi-tiered garden that leads to an unseen river beyond the trees somewhere. In the background her husband, Wayne State University Law Professor Martin Adelman, types diligently on his computer.

Early Life

She grew up in Rochester, New York the only child of an insurance man and an active volunteer mother. With a home filled with "good books" and lively discussion, she was lavished with attention and encouragement. When it came time for college, her high school English teacher noted Doctor Adelman's strong talent as a writer. But writing came so naturally to her that she thought it wouldn't be challenging enough. So she chose geology, and headed to the University of Michigan. Within two years she met and decided to marry Martin. Seeing a difficult career of constant travel in her chosen field, she turned instead to medicine. Eventually, she earned both a B.S. in Geology from the University of Michigan and a medical degree from Wayne State University five years later in 1962. Currently, she is UMMC Chief of Pediatric Surgery at Oakwood Hospital with appointments at Mott Children's Hospital in Ann Arbor, Children's Hospital of Michigan, Hutzel Hospital, Detroit Riverview Hospital, and Providence Hospital in Southfield, where she lives. She is also a clinical associate professor of surgery at both the University of Michigan and Wayne State University.

Natural-Born Leader

Doctor Adelman also had the distinction of serving as the first woman president of MSMS in 1990, but she doesn't focus on that when discussing her role there. "I didn't feel that my be-

ing elected had anything to do with my being a woman. I thought it was interesting, but not critical."

For years, Doctor Adelman also has devoted a large portion of her time to committee work for the AMA. She has been a delegate since 1991, and is thrilled to have won a spot on the Board of Trustees, her second try at the post.

"It was a very exciting campaign and election," she says, adding that it is a coup for both herself and MSMS. "It benefits me by giving me the opportunity to be right in the hub of activity of organized medicine, to help promote things I think are important, to improve our health care system and to improve working conditions for our profession. And it helps the state medical society by providing direct access to whatever's going on nationally. I mean, I'll be right there. I'll know what committees need input, and I know what people in the state are qualified to give that input. And, as it happens, MSMS is the only large society in the country that's bucking the trend and has growing membership. So we have a great deal to offer."



Doctor Adelman addresses the AMA delegation moments after being elected to her new position.

Next on the Horizon

In her new role with the AMA, Doctor Adelman will increase her already hectic travel time to more than 60 days per year, which means she'll be on call almost constantly when she is home. She will continue to work toward the organization's goals and objectives which include ongoing projects involving the American Medical Accreditation Program, patient rights, and outreach campaigns.

And in a year filled with accomplishments for the Adelman family, Martin has been invited to join the faculty of George Washington University as a visiting professor this year. You can imagine the scheduling nightmare at hand, but the couple seems to have worked it out. Martin has been able to join his wife on most of her AMA trips, and is planning on spending only Monday-Wednesday in Washington. "He's enjoyed this whole [AMA election] process," says Doctor Adelman of her husband, who specializes in intellectual property law. "He finds my medical politics very interesting."

Coping with a Hectic Schedule

One wonders where a moment of free time can be found here, but Doctor Adelman has managed her schedule brilliantly—she works out regularly with a personal trainer and has even learned fluent Arabic to better communicate with her Arabic patients. And she sees a definite link between the art she creates and her life as a surgeon. "There are a lot of doctors, particularly surgeons, who are artistic," she says. "Being a surgeon means I work with my hands and that's very similar to painting, sculpting, and all the other artwork I do." Visitors to her home are encouraged to touch her many sculptures of wood and stone. Make no mistake, this is no hobby. Doctor Adelman has shown her work and sold many of her pieces, although she admits it's difficult to let them go. Her work is so exquisite one wonders how she ever made the choice to make medicine her primary career.

"Being a surgeon means I work with my hands and that's very similar to painting, sculpting, and all the other artwork I do."

Susan H. Adelman, MD

"I think the difference between frustration and empowerment is involvement... there's great excitement and great satisfaction in working for change."

Susan H. Adelman, MD



Doctor Adelman surfs the Internet with her husband, Martin, professor, Wayne State University Law School.

Clearly, however, medicine brings Doctor Adelman great joy. A pediatric general surgeon, she sees a full range of cases—from neonatal surgery to trauma. "It's always a great joy to make children better, and very fulfilling. Playing with the children, just enjoying them. It's just a joy and a privilege, making a family happy when I can do something for their child."

In addition, Doctor Adelman has yet another love—writing. She has published many professional and scientific articles "But the things I think are the most fun are short stories or editorials." In 1987 she became a regular columnist for the AMA's *AM News*, and from 1981until just recently was editor of the *Detroit Medical News*.

Doctor Adelman encourages other physicians to get involved as she has. "I think the difference between frustration and empowerment is involvement. If [people] would get involved, they'd have an avenue to make changes. And unless they get involved, they have no idea what the rest of us are doing for them," she says. "There's great excitement and great satisfaction in working for change."

With a long list of accomplishments, it's easy to understand why Doctor Adelman has such a sense of calm and peace around her. She has always relied on her decision-making skills, her gut instincts, and they haven't let her down. There is a calm sense of order around her, and you know everything has a place and purpose. "It's been very clear to me, many, many times, that I've had the opportunity to raise my hand and say, 'Excuse me, this doesn't make sense.' And that's really exciting."

With her new role at the AMA, there's sure to be much more excitement to come from Doctor Susan Adelman. ■

The author is an East Lansing-based freelance writer.

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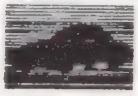
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Lewis A. Jones, Jr., MD

A Man with a Mission On Behalf of Michigan Women

By Lisa Weatherford

Women's health issues finally are coming of age. Gone are the days of one-size-fits-all medicine, when men were treated as men and women were treated as men. Women are now taking responsibility for their health, and thanks to the efforts of one Michigan physician, hope is on the horizon.

For almost two decades, Lewis A. Jones, Jr., MD, newly appointed physician consultant with the Michigan Department of Community Health, has been an energetic and outspoken women's health advocate in the greater-Detroit area. But to hear him speak, one might be more inclined to view him as a women's health *activist*.

A Diligent Student

A graduate of Cass Technical High School, Doctor Jones began his pre-medical education at Wayne State University. After three years, he received a full four-year scholarship to the University of Michigan Medical School. As he recalls, it wasn't easy. "It was a struggle at U of M. I didn't attend one extracurricular activity. I just studied. I was in the laundry room studying at one o'clock in the morning and everyone else was sleeping. But I got through."

During his radiology residency at Providence Hospital, Doctor Jones toyed with the idea of switching to obstetrics and gynecology. But he settled on radiology and within a few years had landed his first "big job" at Harper Hospital. "I was really happy. I was the first African American radiologist on staff at Harper. And it was special to me because I was born there."

The Man Behind the Mission

Just prior to joining Harper, Doctor Jones became very interested in mammography and women's health. Thus, he says, it wasn't long before reading films and seeing the evidence of cancer brought the need for advocacy into very sharp focus. "I was always upset that I was seeing these small cancers. So I thought, 'Why not create a program to talk to women about early detection, including mammograms?'"

And so it began. Doctor Jones took the most direct route he could think of to begin his mission. He simply walked into the Southfield office of the American Cancer Society (ACS) and volunteered to lecture on breast self examination. According to Jones, it took a little convincing. "Well, they didn't know me from Adam and there I was, this man who wanted to talk to large groups of women about taking care of their breasts."

Although the ACS was interested, they wanted specifics. So Doctor Jones created a presentation and gave it to a group of nurses at Doctor's Hospital. Gratefully, he says, "They loved it!"

Right from the start, he admits his presentation was "kind of unique." While researching materials to reach his prospective audience, he came upon a catalogue of health awareness materials such as posters and props. One item, he recalls, really intrigued him. "I was looking at all the posters and other things and then I saw a picture of a woman wearing a 'breast vest,' a rubber replica used for demonstrating breast self examination. A light went on and I thought, 'I have to have this to use in my presentation. I'll wear it right over my suit jacket.' "

Personal Tragedy

After gaining the approval of the ASC Board, Doctor Jones began a 13-year career of seminars and talks, educating thousands of women and undoubtedly prolonging many lives. Despite his constant concern for the health of women in his community, however, he was unable to

foresee or prevent a catastrophic loss in his own life. Several months after the difficult birth of his third child and only son, his 39-year-old wife suffered a sudden and fatal heart attack. For more than a year he retired from volunteer speaking and focused on his family. Eventually he remarried, and his new wife, Pamela, and his three children have eased back into the public arena.



Doctor Lewis A. Jones Jr.

"I was always upset that I was seeing these small cancers. So I thought, 'Why not create a program to talk to women about early detection, including mammograms?'"
Lewis A. Jones, MD

High Distinction

Over the years Doctor Jones has received many awards and a range of media coverage in recognition of his advocacy efforts. One higher-profile accolade was from *Essence* magazine and Coty Preferred Stock Cologne, in the "What A Man" contest. At first, he says he was put off by the idea when his wife, Pamela, suggested it. But after she explained that it was only for men who had contributed to their community, *and* would spotlight women's health awareness, he acquiesced. Then he forgot about it.

That was January of 1995. Three months later a call came from New York. He was one of seven semi-finalists from more than 800 entries. A few months later, after readers votes were tabulated, he emerged the winner. Within weeks, his face and his message were all over Detroit. Now he is banking on that coverage to help him continue his quest.

Plans for the Future

In the near future Doctor Jones says he plans to continue both his work with breast cancer awareness and to begin a new campaign about cardiovascular disease. "Heart disease is the number one killer of women throughout the nation," he explains. "Cardiovascular diseases kill women in greater numbers than breast cancer ever could."

"I used to be involved with many patients when I was with the hospital. But because I am now a public health officer, all Michigan patients are my patients. It is a tremendous challenge — and I m so happy to be here to accept it."

In his new position with the Department of Community Health, Doctor Jones revels in the prospect of new opportunities, and he continues to appreciate his audience. "I used to be involved with many patients when I was with the hospital. But because I am now a public health officer, all Michigan patients are my patients. It is a tremendous challenge — and I m so happy to be here to accept it."

■

The author is an East Lansing-based freelance writer.



Doctor Jones and his wife, Pamela, at his daughter's graduation

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Blues Review

By Roy S. Goodman, MD

While this column was "off the air," I was accumulating compact discs and opinions about them. Now I'd like to mention most of the CDs briefly so I can get on with my life.

Last Recordings

Luther Allison died last year in his 50s, just when he was becoming really good. Early recordings show a talented but very ordinary guitarist and singer. In 1994, Allison erupted with the powerful, unconventional *Soul Fixing Man*, and the 1995 *Blue Streak* was even better. Allison incorporated social commentary without claiming "victim" status, and he added funk rhythms and made them work. *Reckless* was Allison's last album.

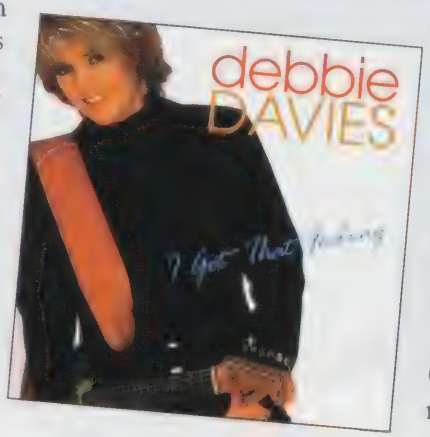
Johnny Copeland also died last year. His last release was *Live In Australia*. I'm normally not a big fan of live albums, but this one is a technically excellent recording with a minimum of commentary. The songs here are mostly blues classics—only four originals out of ten—and the playing is very traditional, very classic, and possesses a great deal of quality.



Other Contributions

Copeland toured down under; Australian slide guitar maniac Dave Hole returned the favor with *Ticket To Chicago*. For this high-energy CD he recruited a group of top-session musicians, and the results were well worth the trip. Slide guitar has its limitations, and Hole wisely stays within them; he plays his guitar almost as a percussion instrument, pounding the strings and the material into submission. His singing doesn't sound Australian at all, but one song, "Outlaw," reflects the continent's wild frontier days.

Woman guitarists used to be a novelty. They're still something of a rarity, but they're definitely here to stay. Despite Debbie Davies' beginnings as a member of Albert Collins' band, her new *I Got That Feeling* mostly is not blues. The material ranges from countryish-blues to rhythm and blues to near-gospel, and it's excellent. Imagine a good Bonnie Raitt CD with Raitt in top vocal form, beautiful harmonies, and a bit more emphasis on guitar, and you've got *I Got That Feeling*.



New Artists

Deborah Coleman is right up front with her energetic leads on her debut CD *I Can't Lose*. She suffers a bit from "Jeff Healey Syndrome"—when you think you're a great songwriter because you're a great singer and player—but her "My Heart Bleeds Blue" is a haunting variant and there's enough good material to make the CD worthwhile. Coleman gets extra points in my book because she doesn't play the usual Stratocaster or Les Paul—not any kind of Fender or Gibson! The sound is certainly not off-brand, ranging from a clear, ringing tone to throaty,

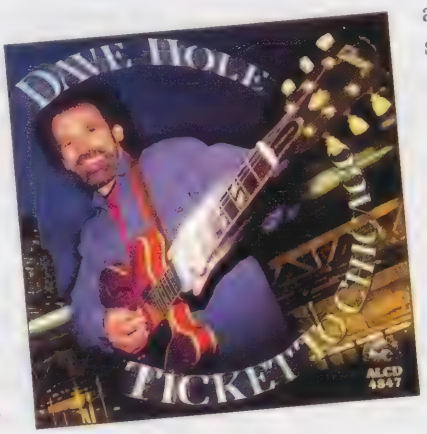
full-bodied distortion. Like Davies, Coleman is a major vocal talent. Too often a guitarist gets to do the singing they lead the band, but both Davies and Coleman would be in demand as vocalists even if they weren't such good guitarists.

Speaking of singing guitarists, Robin Trower handles the vocals on his new *Someday Blues* because he thought that was the only way "to achieve the right dynamic between the voice and guitar." Bad idea! I always thought that Charlie Musselwhite, Paul Butterfield, Junior Wells with Buddy Guy, and practically every British blues band achieved the right dynamic even though the singer wasn't the guitarist. Fortunately, Trower's strength on guitar makes up for his shortcomings as a vocalist. I'd prefer the full-bodied Trower arrangements of yore, but I'm happy to hear the guitar genius in a collection of very traditional- sounding blues originals.



Blues vs. R&B

Some friends recently asked me to define the difference between blues and rhythm and blues. Whatever the difference, *Drive To Survive* by Jimmy Thackery and The Drivers is definitely R&B—I think—but Thackery also capably handles moods from blues to jazz to surf—yes, the old instrumental "Apache." The highlight here is *Cool Guitars*. If you like George Thorogood's musical tales of self-destructive losers, you'll love this one. The infectious beat is a great foil to the lyrics, which are simultaneously funny and tragic. Thackery really sells the song by performing it in a miserable self-pitying whine.



Steady Rollin' Bob Margolin has always been a very "traditional" bluesman, but on *Up & In* he breaks out of that mold with some up-tempo, rock-oriented material. There's still a fair amount of traditional blues—probably enough to bore rockers, and enough blues-rock to annoy traditionalists. Most important, there's a healthy dose of Margolin's sly humor. *Alien's Blues* is funny, but it's also a serious take on ecology and the negative behavior of the human race. The highlight of the CD is "Blues For Bartenders," basically a couple of extremely raunchy jokes put into rhyme and set to music.

Anson Funderburgh and Sam Myers and their band have always been reliable purveyors of traditional blues with a slight rock feel, and *That's What They Want* is yet another collection of solid, satisfying material. Every now and then Funderburgh and Myers record a number that sounds like a lost Bob Seger classic. A few CDs ago it was "Missing Person;" here it's the infectious "Monkey Around." ■

The author is an otolaryngologist from Clarkston.

CD covers courtesy of Tower Records, East Lansing.

Justice Clifford W. Taylor

MSMS Endorses the Re-election of Supreme Court Justice



By Stacy R. Lammers

When candidates run for office, they open themselves up to wide inquiry regarding their political and personal beliefs. Because of the ethical restraints that surround judges, they—more than partisan political candidates—are limited in the information they can give voters. This limitation makes evaluating a judicial candidate a difficult undertaking.

Yet, with three seats open on the Michigan Supreme Court this year, physicians—who must look to the judicial branch to uphold and enforce laws pertinent to the medical community—have a responsibility to use the information available to draw conclusions regarding the candidates.

Michigan Supreme Court Justice Clifford W. Taylor is up for re-election this November, and believes that his record solidly speaks for itself. "My job is to interpret the law, not to make the law," he said. "I believe that the legislature sets policy for our society, not the courts."

In cases of concern to physicians, Justice Taylor has demonstrated impartiality and scholarship. While on the Court of Appeals, he ruled on many important medical issues, and the following is an illustrative sampling of his rulings:

• *Levinson v Trotsky*, 199 Mich App 110 (1993). Justice Taylor preserved the statutory standard that discovery of medical malpractice by a patient begins, at the latest, when a reasonable person should have discovered the problem. Thus, saving physicians from endless liability in cases where the problem was not immediately apparent to the patient.

• *Jozwiak v Northern Michigan Hospitals*, 207 Mich App 161 (1994). Justice Taylor upheld a validity of a medical malpractice arbitration agreement notwithstanding the fact that it was signed on a patient's behalf by his guardian. This gave the scope the legislation intended to the medical malpractice arbitration act.

• *Garabedian v Beaumont Hospital*, 208 Mich App 473 (1995). Justice Taylor held that proofs of medical malpractice must rise above mere speculation that the acts of the physician caused the injury. Thus, unless there are reasonable inferences of causation, the case against the physician must be dismissed. This case is cited with great frequency in the defense of physicians in medical malpractice cases. (Information provided by Taylor for Justice Committee.)

As a Michigan Court of Appeals judge for five years, Justice Taylor was acknowledged by legal observers—the state's leading newspapers, the bar, and other members of the bench—to be among Michigan's finest appellate judges. This perception was solidified by a recent study conducted by University of Detroit Mercy law professor, Stephen Safranek. Professor Safranek found that Justice Taylor was the most published author of decisions on the Court of Appeals during his tenure, that he was among the justices with the lowest number of reversals.

In another recent study conducted by the business group Michigan Lawsuit Abuse Watch (M-LAW), Justice Taylor held one of the highest records of a favorable impact on the economy. The study covered cases heard in the Court of Appeals between 1987 and 1997, and rated each judge in eight areas of law: employment, environment, insurance, medical malpractice, product liability, other liability lawsuits, taxation, and workers compensation. Justice Taylor's rating was 81 percent, and was matched by only one other judge on the court.

Among his many current endorsements are: MSMS; Michigan Fraternal Order of Police;

Police Officers Association of Michigan; Michigan Chamber of Commerce; 62 out of 83 Michigan county prosecutors; and Michigan Police Legislative Coalition.

Justice Taylor graduated from the University of Michigan in 1964, and received his law degree from George Washington University in 1967. After serving in the U. S. Navy, he worked as an assistant prosecuting attorney in Ingham County, and eventually became a partner in the firm of Denfield, Timmer, and Taylor. In 1997, Governor John Engler appointed him to replace the retiring Justice Dorothy Comstock Riley on the Supreme Court.

He recently has co-authored a two-volume scholarly study on tort laws, and he continues to be involved with community and charitable organizations like the Boy Scouts of America, the United Way, and the Michigan Dyslexia Institute. He and his wife, Lucille, live in East Lansing with their sons, Michael and John.

MSMS believes Justice Clifford W. Taylor to be a distinguished candidate for the Michigan Supreme Court who will uphold the Constitution and honorably apply the law.

For more information about the Supreme Court race, please contact Greg Aronin at (517) 336-5739 or garonin@msms.org, or Matt Hedberg at (517) 336-5719 or mhedberg@msms.org. ■

The author is a communications specialist at MSMS.

Justice Taylor Political Events

The following events provide opportunities to meet Justice Cliff Taylor. MDPAC encourages physicians to attend a function at a convenient location.

Date: September 15, 1998
Time: TBA
Host: TBA
Location: Grand Rapids, (site TBA)

Date: September 21, 1998
Time: 6:30-8:00 p.m.
Host: Frank Popoff
Location: Midland, (site TBA)

Date: September 22, 1998
Time: 5:00-7:00 p.m.
Host: TBA
Location: Battle Creek, (site TBA)

Date: September 23, 1998
Time: 5:30-7:30 p.m.
Host: Paul Robertson
Location: Bloomfield Hills Country Club

For additional information regarding these political events, please contact Matt Hedberg at MSMS at (517) 336-5719 or mhedberg@msms.org.

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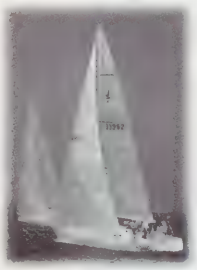
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Chief Judge Maura D. Corrigan



MSMS-Endorsed Michigan Supreme Court Candidate

By Stacy R. Lammers

With the volume of health care policy that has come through the state legislature in recent years—tort reform, managed care accountability, and assisted suicide, for example—physicians need to understand how the judicial branch will uphold and enforce laws that affect the medical community. Part of this understanding comes from evaluating the judges and judicial candidates who are running for seats on the Michigan Supreme Court.

Michigan Court of Appeals Chief Judge and Supreme Court candidate Maura D. Corrigan's background gives new meaning to the term "family practice." With 14 family members involved in the health care industry—including her father, an internist, and her mother, a registered nurse—she has gained unique insight into the medical community.

This insight has carried over into her work, which sometimes involved medical malpractice defense, and as an appellate court judge. Corrigan, who currently is serving her second term as chief judge, already is known and respected among legal observers for her commonsense approach to the law.

In a recent study conducted by University of Detroit Mercy law professor, Stephen Safranek, it was found that Corrigan has one of the most commendable records in the appellate courts. Based on her 68 published cases during a five-year period, Corrigan was the least-reversed judge on the court, with only two of those cases being reversed.

In cases pertinent to the medical community, Corrigan has shown thoroughness in interpreting and acumen in applying the law. The following case summaries illustrate some recent rulings:

• *Weaver v Board of Regents of the University of Michigan* (1993). In this medical malpractice case, Corrigan, writing for a three-judge panel, held that a telephone call merely to schedule an appointment with a medical services provider does not in itself establish a physician-patient relationship, where the caller has no ongoing physician-patient relationship and does not seek or obtain medical advice during the conversation.

• *Nevils v Detroit Receiving Hospital* (1994). In this case, an individual posing as a family member consented to organ donation of a murder victim. The victim's family sued the hospital. Corrigan held that the question of good faith compliance with the provisions of the Uniform Anatomical Gift Act is a question of law for the court and that the circuit court correctly ruled that because defendant hospital had acted in good faith, it was entitled to immunity under the UAGA.

• *Sills v Oakland General Hospital*, 220 Mich App 303 (1996); *Dorris v Detroit Osteopathic Hospital Corp.*, 220 Mich App 248 (1996); *Bennett v Weitz*, 220 Mich App 354 (1996). These three cases are of interest to the medical profession. Corrigan, writing for a three-judge panel, upheld the legislature's efforts at tort reform by affirming the limitation on the period of time within which a plaintiff may file suit. Corrigan also rejected a claim that a patient's name be revealed by the hospital (it was protected by the physician-patient privilege), and held that a defendant hospital did not have to pay plaintiff's attorney fees, where plaintiff recovered less than the mediation award and was subject to mediation sanctions. (Information provided by the Committee to Elect Maura Corrigan.)

In a recent study evaluating Michigan Court of Appeals judges and Supreme Court justices. Corrigan ranked among the highest on the bench who are favorable to medicine in medical liability cases.

Her numerous endorsements: MSMS, Wayne County Medical Society, Michigan Fraternal Order of Police, Police Officers Association of Michigan, Michigan Defense Trial Counsel, and Michigan Chamber of Commerce.

Corrigan graduated with honors from Marygrove College in 1969, and received her juris doctorate with honors from University of Detroit Law School in 1973. After working as an assistant prosecutor in Wayne County, she was appointed Chief of Appeals in the U.S. Attorney's Office for the Eastern District of Michigan. In 1986, Corrigan was promoted to Chief Assistant U.S. Attorney, the first woman to hold that position. She served as a partner in the law firm of Plunkett and Cooney until her appointment to the Court of Appeals in 1992.

She has participated in many community and professional activities, such as the Federal Bar Association, the Incorporated Society of Irish American Lawyers, and Boysville of Michigan. She and her husband, Joseph Grano, live in Grosse Pointe Park with their children, Megan and Daniel.

MSMS believes Maura D. Corrigan to be an exemplary jurist, who is objective and equitable in applying the law.

For more information about the Supreme Court race, please contact Greg Aronin at (517) 336-5739 or garonin@msms.org, or Matt Hedberg at (517) 336-5719 or mhedberg@msms.org. ■

The author is a Communications Specialist at MSMS.

Chief Judge Corrigan Political Events
The following events provide opportunities to meet Chief Judge Maura Corrigan. MDPAC encourages physicians to attend a function at a convenient location.

Date: September 11, 1998
Time: 8:00-9:30 a.m.
Host: TBA
Location: Lansing

Date: September 15, 1998
Time: TBA
Host: Rae Lee Chabau and Larry Campbell
Location: Franklin, (site TBA)

Date: September 24, 1998
Time: 6:00-8:00 p.m.
Host: TBA
Location: Detroit Athletic Club

Date: September 29, 1998
Time: 6:30-9:00 p.m.
Host: Jane Shallal
Location: Southfield Manor

Date: October 5, 1998
Time: TBA
Host: Mark Kolins, MD and Maria Abrahamsen, JD
Location:777 Overhill, Bloomfield Hills

Joint Political Events–Corrigan/Taylor
Date: September 16, 1998
Time: TBA
Host: TBA
Location: TBA

Date: September 30, 1998
Time: TBA
Host: George Bashara
Location:Lockmore Golf Club, Grosse Pointe Woods

Date: October 3, 1998
Time: TBA
Host: Senator Mike Rogers
Location: Hartland, (site TBA)

For additional information regarding these political events, please contact Matt Hedberg at MSMS at (517) 336-5719 or mhedberg@msms.org.



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Time: 9:00 a.m. to 4:00 p.m.
Location: University of Detroit Mercy
Ward Conference Center
Fee: $105 (Students - $30, Full Time Academics - $50)

Invited Speakers:

Martin Bergmann, PhD
(New York, New York)
"Why We Must Wrestle with Freud and Yet Ask for His Blessing"

Jacob Jacobson, MD
(Boulder, Colorado)
The Making of a Modern Clinical Psychoanalyst"

Moderator:
Barnaby Barratt, PhD, DHS
(Farmington Hills, Michigan)

Afternoon Panel on
The Role of Psychoanalysis in Academia and the Humanities:

Vera Camden, PhD
(Kent State University)

George Rosenwald, PhD
(University of Michigan)

Barnaby Barratt, PhD, DHS
Martin Bergmann, PhD
Jacob Jacobson, MD

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- √ Vaccine update
- √ New varicella vaccine videotape
- √ Troubleshooting panel
- √ Vaccine storage and handling videotape
- √ Adult immunization review
- √ Michigan Childhood Immunization Registry (MCIR) update

Conference dates and locations:

October 2, 1998	East Lansing
October 7, 1998	Kalamazoo
October 20, 1998	Gaylord
October 22, 1998	Marquette
October 29, 1998	Ypsilanti

Conference times: 8:30-4:00

Registration fee: $40

Speakers:

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The Public Health Consortium, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 5.75 credit hours in Category I toward the requirements for Michigan relicensure and of the Physicians' Recognition Award of the AMA, provided it is completed as designed.

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

OCTOBER

1-2, The 10th Annual Modern Perinatal Problems. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

3-7, The Chicago Infectious Disease Board Review. Location: Holiday Inn Mart Plaza, Chicago, IL. **Contact:** Office of Continuing Medical Education, Rush-Presbyterian-St. Luke's Medical Center, 600 S. Paulina, Ste. #520, Chicago, IL 60612; (312) 942-7095; or fax (312) 942-2000.

7-8, Sports Medicine for the Primary Care Physician. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

9-11, Neurology for the Non-Neurologist. Location: Marriott Marquis, New York, NY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-14, 14th Annual Echo-cardiography in Congenital Heart Disease—Back to the Basics. Location: Leighton Auditorium, Siebens Medical Education Building, Rochester, MN **Contact:** Mayo School of Continuing Education. 200 First Street SW, Rochester, MN 55905; (800) 323-2688 or (507) 284-2509; or fax (507) 284-0532. **Approved for:** 25 Category 1 credits.

16-18, Coronary Heart Disease Update. Location: Disney's Yacht Club, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

16-18, Dermatology for the Non-Dermatologist. Location: The Phoenician, Scottsdale, AZ. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-20, The 17th Annual Michigan Statewide Conference: Child Abuse and Neglect Prevention, Assessment, and Treatment. Location: Ypsilanti Marriott, Ypsilanti, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

20 & 27, Bar-Levav Educational Association Ongoing Seminar Series "The Purpose of the Individual Session in Combined Individual and Group Psychotherapy." Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

22-23, Neonatology 1998: Clinical Issues and Advances. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

22-24, Managing Respiratory Diseases. Location: Marriotts' Casa Magna, Cancun, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-25, Arrythmias: Interpretation, Diagnosis & Management. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

28, Care of the Terminally Ill Patient in the Primary Care Setting. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

29, Geriatric Care for Primary Care Physicians. Contact: Mayo School of Continuing Education. 200 First Street SW, Rochester, MN 55905; (800) 323-2688 or (507) 284-2509; or fax (507) 284-0532. **Approved for:** 25 Category 1 credits.

29-31, Clinical Endocrinology for Primary Care Physicians. Location: Grand Beach Resort, St. Thomas, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

30-31, 3rd Annual Fingers to Toes: Comprehensive Orthopaedic Review Course for Primary Care Physicians. Location: Washington University Medical Center, Eric P. Newman Education Center, St. Louis, MS. **Contact:** Office of Continuing Medical Education Washington University School of Medicine, Campus Box 8063, 660 South Euclid Ave., St. Louis, MS 63110-1093, (314) 362-6891 or (800) 325-9862; or fax (314) 362-1087. **Approved for:** Hour-for-hour credits.

NOVEMBER

3 & 10, Bar-Levav Educational Association Ongoing Seminar Series "Changing Psychotherapists: Challenging the Boundaries of the Self." Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

4-6, Ultrasound in Obstetrics and Gynecology with Transvaginal Sonography Option. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

6-8, Neurology for the Non-Neurologist. Location: Boca Raton Resort, Boca Raton, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

6-8, Clinical Endocrinology for Primary Care Physicians. Location: Buena Vista Palace, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

12-14, Advances in Psychiatry X: 1998. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

12-14, Dermatology for the Non-Dermatologist. Location: Westin Resort, Los Cabos, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Coronary Heart Disease Update. Location: Westin Resort, St. John, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Arrythmias: Interpretation, Diagnosis & Management. Location: Hyatt Regency, Aruba. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

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MSMS Women's Caucus or the MSMS Committee on Women's Concern, contact Sherry Barnhart at 517/336-5786, or at **sbarnhart@msms.org**, or check out our website at **http://www.msms.org**.

Or, contact the AMA Women Physicians Congress, at 800/AMA-3211, ext. 4392.

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MSMS MEETINGS

October

1, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." **Location:** TBA, Mt. Pleasant, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

1, "Managed Care Contracting." **Location:** Dearborn Inn, Dearborn, MI. 5:30-9:00 p.m. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

2-4, MSMS Mackinac Island Conference on Bioethics. **Location:** The Grand Hotel, Mackinac Island, MI. **Contact:** David K. Fox at MSMS at (517) 336-5731 or at dkfox@msms.org.

8, MPMLC Physician Risk Management Educational Seminar: "Just What Do They Expect?" **Location:** TBA, Midland, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

8, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." **Location:** TBA, Novi, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

14, MPMLC Physician Risk Management Educational Seminar: "Update 2000." **Location:** TBA, Battle Creek, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

14, "Managed Care Contracting." **Location:** The Amway Grand, Grand Rapids, MI. 5:30-9:00 p.m. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

15, "Managed Care Contracting." **Location:** MSMS Headquarters, East Lansing, MI. 5:30-9:00 p.m. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

15, MSMS Bioethics Committee. **Location:** MSMS Headquarters, East Lansing, MI. **Contact:** David K. Fox at MSMS at (517) 336-5731 or at dkfox@msms.org.

19, MSMS/MPMLC Making the Rounds. **Location:** Macomb Medical Center. **Contact:** Tom Plasman at (517) 351-0041 ext. 606; or tplasman@mpmlc.com.

20, MPMLC Physician Risk Management Educational Seminar: "Profiles of the Impossible Patient." **Location:** TBA, Benton Harbor, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

21, "Managed Care Contracting." **Location:** Gateway Holiday Inn, Flint, MI. 5:30-9:00 p.m. **Contact:** Karri Yeadon at MSMS at (517) 336-5781, or kyeadon@msms.org.

21, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." **Location:** Holiday Inn, Gaylord, MI. **Contact:** Peggy Galloway at MSMS at (517) 336-5729.

21, Liaison Committee with Third-Party Payers. **Location:** MSMS Headquarters, East Lansing, MI, 2:30-5:00 p.m. **Contact:** Patty Bokovoy at MSMS at (517) 336-5721 or at pbokovoy@msms.org.

22, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." **Location:** Holiday Inn—Airport East, Grand Rapids, MI. **Contact:** Peggy Galloway at MSMS at (517) 336-5729.

22, MPMLC Physician Risk Management Educational Seminar: "Update 2000." **Location:** TBA, Saginaw, MI. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

28-30, MSMS Annual Scientific Meeting. **Location:** The Ritz Carleton, Dearborn, MI. **Contact:** Mary Anne Ford at MSMS at (517) 336-7591 or maford@msms.org.

NOVEMBER

2, Anesthesia: Supervision of Nurse Anesthetists, Fraud and Abuse. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI, 5:30-8:00 p.m. **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or pgalloway@msms.org.

4, MPMLC Physician Risk Management Educational Seminar: "Profiles of the Impossible Patient" **Location:** TBA, Ann Arbor, MI, 5:30-8:00 p.m. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

5, MSMS/MPMLC Physician Risk Management Educational Seminar: "Research Update: Shared Decision Making." **Location:** Sterling Inn,

Macomb County/Warren, 6:00 – 8:00 p.m. (5:30 Registration & food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

10, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." **Location:** Fetzger Center
Kalamazoo, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Program. **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

12, MPMLC Physician Risk Management Educational Seminar: "Just What Do They Expect." **Location:** TBA, Flint, MI, 5:30 – 6:00 p.m. Registration, 6:00 – 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

12, MSMS/MPMLC Physician Risk Management Educational Seminar: "Medical Management in a Managed Care Environment." **Location:** Holiday Inn Airport East, Kent County/Grand Rapids, 6:00 – 8:00 p.m. (5:30 Registration and food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

18, MSMS Board of Directors Meeting. **Location:** MSMS Headquarters, East Lansing, MI, 10:00 a.m.- 5:00 p.m. **Contact:** Irene Frost at MSMS at (517) 336-5734, or at jfrost@msms.org.

18, MSMS/MPMLC Physician Risk Management Educational Seminar: "Medical Management in a Managed Care Environment." **Location:** Health Education Center at St. Mary's Medical Center, Saginaw County/Saginaw, 6:00 – 8:00 p.m. (5:30 Registration and food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

19, MSMS/MPMLC Risk Management Presents: "Ophthalmology: Fraud and Abuse Issues." **Location:** West Inn – Southfield, 5:00- 7:00 p.m. Board Members, 7:00 p.m. dinner is served, 7:30 – 9:30 Speaker. **Contact:** Tom O'Keefe at MSMS at (517) 336-7589, or tokeefe@msms.org.

19, MPMLC Physician Risk Management Educational Seminar: "Update 2000." **Location:** TBA, Grand Rapids, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

19, MSMS/MPMLC Physician Risk Management Educational Seminar: "Medical Management in a Managed Care Environment." **Location:** Management Education Center
Oakland County/Troy, MI, 6:00 – 8:00 p.m. (5:30 Registration and food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org

MICHIGAN SPECIALTY SOCIETY MEETINGS

October

2, Michigan Society of Respiratory Care. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI 9:30 a.m.-3:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

2, Michigan Society of Respiratory Care—Diagnostic Section Meeting. **Location:** MSMS Headquarters, Johnson Room, East Lansing, MI 1:30-4:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

November

11, Michigan Section, American College of Obstetrics and Gynecology. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI, 2:00 – 5:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

December

4, Michigan Society of Respiratory Care. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI 9:30 a.m.-3:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571, or dreha@msms.org.

AMA MEETINGS

December

6-9, 1998 AMA Interim Meeting. **Location:** Hilton Hawaiian Village, Honolulu, HI. **Contact:** Neil Sutherland at the AMA at (312) 464-4344. ■

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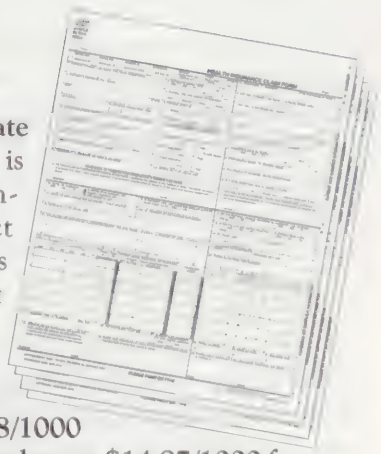
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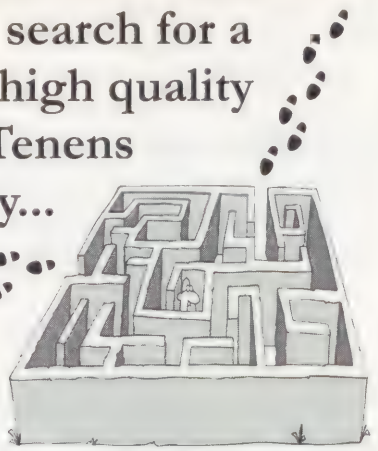
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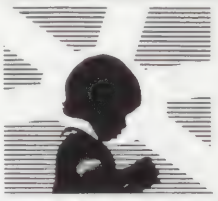
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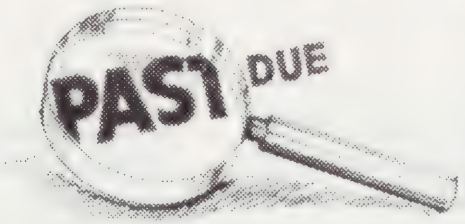
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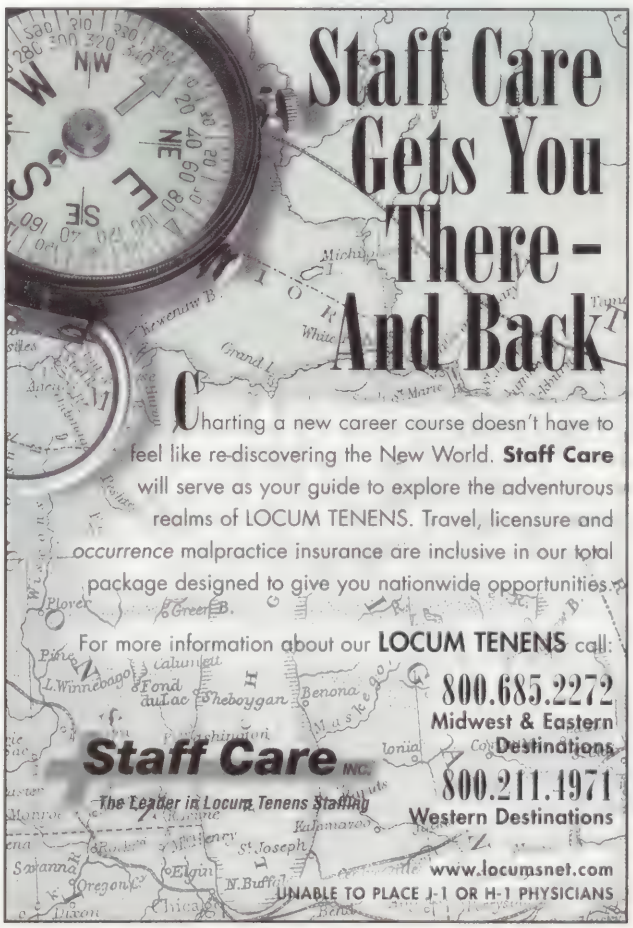
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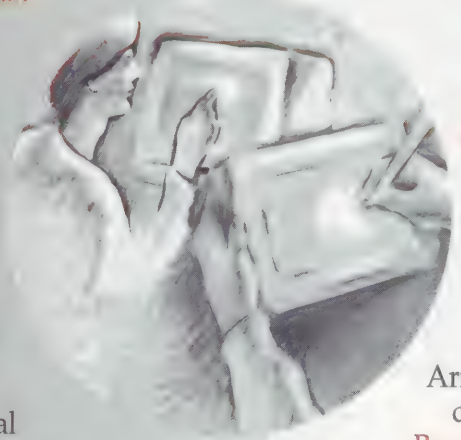
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Triumphs and Tribulations

By Cathy O. Blight, MD

MSMS President

What would you do for a dream? Throughout history, as well as for many of us, the realization of a dream has meant great sacrifice. This sacrifice may be one of time or money or lifestyle, yet something was so special that whatever the price, it was worth what we paid.

But could you, would you, subrogate your identity, sexuality, your entire being to achieve a dream?

That, apparently, is what one of the first women to practice medicine did. She was known as James Barry, MD, after graduating from the University of Edinburgh at age 15 in the early 1800s. She later served a distinguished 50-year career in the British Army, becoming its ranking medical officer. She concealed her gender so well that it wasn't until her death that her "secret" was revealed. During her autopsy, it was discovered that "he" was really a "she."

Apparently not wanting to sully a distinguished career and not wanting to admit to a mistake of grand proportions, officials simply declared that Doctor Barry was a male and all evidence of her true identity was expunged from its records.

In this country, when women first thought of applying to medical schools, the common advice was to disguise themselves as men to gain entrance to those schools.

The entry of women into organized medicine was no easier. When Nancy Talbot Clark, MD, who graduated in 1852 and set up practice in Boston, applied to the Massachusetts Medical Society for membership, it was not denied outright. But the Society informed its constituent county societies to interview only "appropriate" candidates for membership (i.e., "men").

In 1868, the then 22-year-old American Medical Association indefinitely postponed a resolution specifically endorsing women for membership. In 1872, then AMA president David Yandell, MD, while mildly defending the right of women to go to medical school, hoped they wouldn't embarrass the society by applying for membership. It wasn't until 1915 that the AMA opened its doors to women.

During "Women in Medicine" month, we reflect on our heritage in the profession and celebrate our successes. This year the AMA inaugurated Nancy Dickey, MD, as its first female president. Sharing the dais with her at the inaugural ceremony were the presidents of the state medical societies, with an all-time high of six women representing their states.

Our own Susan Adelman, MD, gained a position on the AMA Board of Trustees in a truly democratic election where she defeated not only good male candidates, but another woman. In the last 10 years, the number of women in the AMA House of Delegates has risen from 11 to 52, with alternates going from 23 to 68.

Women serve ably in our state medical society. Dorothy Kahkonen, MD, is Speaker of our House of Delegates. There are three women on our Board of Directors and 7 of the 28 members of our AMA delegation are female. Women are active on many our of MSMS committees, as well.

During this time of celebration, we also need to reflect on the work still to do. Despite the encouraging leadership statistics, they do not adequately reflect the make-up of the profession today. Women now compose over 22 percent of all physicians and 42 percent of the medical students. Besides organized medicine, the statistics for medical schools are as dismal. Only 5 of 119 deans are women and only 10 percent of professors who teach in those schools are women. The encouraging fact is that close to 50 percent of the assistant professors are women, so there is hope for the future.

In reflection of practicing in more primary care areas, year for year in practice, income for women is less, despite only slightly fewer hours worked per week. The challenges persist.

During Women in Medicine Month, let us take time to celebrate our victories, of being able to live out our dreams. Let us thank those courageous women who made it possible for us to be here today. And let us continue our hard work so that the next generations of women can continue and expand those dreams. ■



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A Physician's Guide to Election '98

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Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



A Physician's Guide to Election '98 24

In Michigan's mid-term elections this fall individuals will be elected who will guide the local, state, and federal governments into the next millennium. Physicians have a very pivotal role to play in this election—roles that may in fact decide who will investigate, legislate, and interpret health care issues in the state and nation. Ultimately, physicians' input into the political process—their knowledge, contributions, and most importantly, their vote—will lead organized medicine into a prosperous and efficient 21st Century.

By Dustin May

Cover design by Kim Kauffman

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The debate over physician-assisted suicide in this nation has its roots here in Michigan. Our state's decision will be a bellwether for many other states as they consider the issue themselves.

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Proposal B—or the petition for legislation to legalize physician-assisted suicide—is both comprehensive and complex. Be sure to see this summary of the salient provisions relating to physicians.

By Dustin May

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By Lila Esfahani

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MSMS Bridges Communication Gap 38

As a part of an effort to foster ongoing communication between physicians and lawmakers, MSMS has coordinated an initiative to bring these two important sides of health care policy together.

By Stacy R. Lammers

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Website: http://www.msms.org/

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MSMS Member Services Hotline: 800-914-6767

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In its operations to improve upon existing credentialing industry standards, PCVS is chipping away at outdated procedures, and forging new paths to information retrieval, storing, and sharing.

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Rather than just tap the inner streams of creativity, Victor Bloom, MD, actually has studied how creativity works and how it can be an astonishingly effective tool in recovery from mental illness.

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Look for *Michigan Medicine* online at http://www.msms.org/

Errata: The cover of the September 1998 issue contained an error. The volume number read "vol. 98," when in fact it should read "vol. 97." The staff of *Michigan Medicine* apologize for this error. Please update your records and take this into consideration with any future claims.

Health Care Challenges: A Spectrum of Perspectives

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
Member Services Hotline 800-914-6767
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Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

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the Voice of 14,000 Michigan Physicians

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Michigan Physicians Stump for Federal Patients' Bill of Rights

By Dustin May

Michigan State Medical Society joined state medical societies nationwide and the AMA July 16 in a "Media Day" Campaign to encourage support of the federal Patients' Bill of Rights by holding a press conference at the State Capitol. Physicians, patients, and legislators expressed their support of the bill, H.R. 3605, introduced by Michigan's longest serving Congressman, John Dingell (D-Dearborn), and co-sponsored by the entire Michigan Democratic Delegation to Congress. The legislation would guarantee basic managed care reforms as and an ERISA amendment that would allow patient to sue their HMO in cases of medical negligence. This package of reforms would significantly improve the physicians-patient relationship and allow a more fair, reasonable, and competitive health care market.

At the Capitol rally, James E. Waun, MD, vice chair of the MSMS Committee on Bioethics, facilitated a panel discussion. "We are not here to condemn any health plan or managed care organization," said Doctor Waun, "but we do have concerns about them that need to be addressed by our government." Also on the panel were Sue Ann Addy, MSMS Alliance legislative chair; State Representatives Laura Baird (D-Okemos) and Lynn Martinez (D -Lansing); representatives from Congressional offices. Members of the Michigan Partners for Patient Advocacy (MPPA) also spoke in favor of the legislation.

On July 21, 1998, representatives of the MSMS leadership flew into Washington, D.C. for a Capitol Hill Rally sponsored by the AMA to urge passage of the original version of the federal Patients' Bill of Rights. Many lawmakers, including Senator Edward Kennedy (D-MA), the main co-sponsor in the U.S. Senate, spoke in favor of passage and assured AMA and MSMS representatives of legislative action on the bill before Congress adjourns for the year. ■



Congressman Bart Stupak (D-1), center, back row, met Michigan physicians during the July 21 AMA fly-in to support the Patients' Bill of Rights.



MSMS leaders discuss crucial issues regarding the Patients' Bill of Rights with Congressman Vernon Ehlers (R-3), center, at the AMA fly-in.



Congressman Nick Smity (R-7), center, confers with MSMS leaders on the importance of the Patients' Bill of Rights.



Physician Liability under the Michigan Consumer Protection Law

By Richard D. Weber, JD

MSMS legal counsel

Question: It is my understanding that physicians can be sued by patients under the Michigan Consumer Protection Law. If this is true, would you please explain this law and how it differs from a patient's claim for malpractice?

Answer:

The Michigan Consumer Protection Act (MCPA) prohibits "unfair, unconscionable, or deceptive methods, acts or practices in the conduct of trade or commerce." The MCPA contains no language expressly including or excluding physicians from its purview, but defines trade or commerce as "the conduct of a business providing goods, property, or service primarily for personal, family, or household purposes." This is broad statutory language. Many other states have similar acts and there is a split of authority among jurisdictions as to whether these acts can form the basis for malpractice claims.

The rule in Michigan was clarified by the Court of Appeals last year. In that case, the plaintiff-patient visited the defendant-physician for treatment of a sinus problem. The physician performed nasal surgery on the plaintiff and the plaintiff's nose became infected. The plaintiff began to feel the sutures breaking through the skin and visited the physician on multiple occasions regarding the infection. The patient alleged that the physician repeatedly told her that it would be impossible for the sutures to break through the skin because he used dissolvable sutures. The plaintiff visited another doctor who informed her that there was indeed a suture breaking through the skin of her nose and referred the patient to a plastic surgeon who removed the stitches. The plaintiff then filed a lawsuit alleging that the defendant's conduct violated the MCPA.

The Court of Appeals reviewed cases in other jurisdictions under consumer protection laws and noted that there was a split of authority regarding the issue of whether those in the learned professions enjoyed immunity from consumer protection acts. The Michigan Court of Appeals opined that a blanket exemption based upon an educational level would be a dangerous form of elitism, and also recognized that the MCPA broadly defined "trade or commerce" in part, as the "conduct of business", and the practice of medicine clearly has a business aspect. The court therefore refused to grant a blanket exemption to the learned professions but decided to align Michigan with cases that hold that "only allegations of unfair, unconscionable, or deceptive methods, acts, or practices in the conduct of the entrepreneurial, commercial, or business aspect of a physician's practice may be brought under the MCPA." The court specifically held that allegations of misconduct in the performance of medical services or the practice of medicine are not included in the MCPA. The Court of Appeals decision was not reviewed by the Supreme Court and is, therefore, binding precedent in Michigan.

This Michigan case represents a significant victory for physicians. If plaintiffs were allowed to pursue medical malpractice claims under the Michigan Consumers Protection Act, it would be devastating. Litigation under the MCPA would be far easier for plaintiffs. None of the malpractice reform legislation would be applicable, including the non-economic damage limitation, expert witness qualifications, pre-suit notice and affidavit of merit requirements and other provisions. The MCPA has a six-year statute of limitations and allows recovery of attorney fees on behalf of the Plaintiff, which is not authorized in malpractice litigation. There is also a serious question as to whether professional liability policies would cover claims under the MCPA.

There are no Michigan appellate court cases that delineate activities of physicians that would fall within entrepreneurial, commercial or business aspects of a physician's practice, which could be brought under the MCPA. It is probable, however, that claims could be pursued under this Act relating to physicians' activities in selling nutritional supplements and skin care products, and perhaps other goods such as eye glasses, contact lenses, hearing aids and weight reduction products. Physicians who

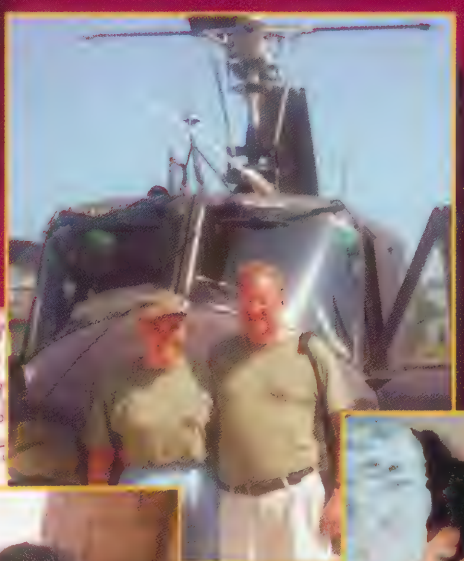
Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

Michigan State Medical Society and the MSMS Alliance

Recognize How

Doctors and Families Make a Difference in Michigan









Including 1998 Community Service Awards

...n, with support ... the Mutual ... Fund, and Blue Cross ... Field of ... Michigan

National "Make a Difference Day" comes but once a year–the last Saturday of October. This year it's October 24. But Michigan Doctors and Their Families Make a Difference every day of the year.

This special insert in **Michigan Medicine** *is the second annual MSMS publication celebrating that special quality of physicians and their families which leads them to serve humanity above and beyond the many contributions they already make through the medical profession.*

This year MSMS, the MSMS Alliance, the Mutual Insurance Corporation Of America (formerly Michigan Physicians Mutual Liability Company), Stratton Cheeseman and Walsh, and Blue Cross Blue Shield of Michigan team up to support the Doctors and Their Families Make a Difference Project. The project is conducted this year under the auspices of the MSMS Foundation, to tie in with national Make a Difference Day designated by the **USA Weekend** *magazine of the Gannett Newspapers, and the National Points of Light Foundation.*

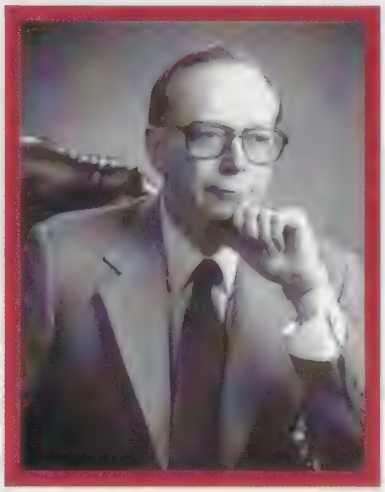
All of the above organizations are greatly pleased to bring you this publication, which honors the community service contributions of doctors and their families throughout the year. We are pleased to have learned about the amazing "gifts of self" these colleagues have made to help others close to home and far away on distant continents. We are proud to share their stories with you. We are especially proud to present the recipients of the 1998 Michigan State Medical Society Community Service Award, thirteen outstanding individuals nominated by their county medical societies for exemplary volunteer work.

This document is a tribute to them and to all Michigan physicians and their families who make a difference. We thank them and encourage others to follow their example.

Cathy O. Blight, MD
MSMS President

Lila Esfahani
MSMS Alliance President

Dexter W. Shurney, MD, Detroit, medical director of Blue Cross Blue Shield of Michigan, is an active volunteer with the local Boy Scouts Council.



James Tobin, MD, Ishpeming family physician, is mayor of his town. He was a founding member of the Marquette County Board of Health and a member of the Comprehensive State Health Planning Advisory Council for Michigan in earlier decades. He has been in practice for 50 years.

Eliezer Basse, MD, Bloomfield Hills emergency physician, is a founding member of the Oakland County Coordinating Council Against Domestic Violence. Doctor Basse also serves as chair of the Council's Medical Subcommittee. Among the Council's activities has been training sessions for 170 health care professionals, the honoring of Oakland County police officers for domestic violence prevention, and distribution to 10 hospitals and several ob/gyn offices of 5,000 buttons saying, "It's okay to talk to me about family violence."

Paul Schneider, MD, Caseville, volunteers his services with Doctors Without Borders (Medecins Sans Frontieres). Since 1990, Doctor Schneider has been volunteering all over the world, most recently returning from Eygpt. He also travels to present a slide show telling what Doctors Without Borders do. The organization currently is assisting famine victims in the Sudan, Africa.

Members of the Kalamazoo Academy of Medicine Alliance, led by then-President Norma Bour, conducted a linen drive in April to aid the local Hospitality House. The Alliance members gathered over $500 worth of merchandise in their drive.

Michael J. Schenden, MD, Troy plastic surgeon, volunteers his time with Physicians for Peace (PFP), an overseas aid organization. Doctor Schenden has made several trips with the organization to Turkey where he has performed surgeries for children and other needy persons. He also donates medical equipment and supplies through PFP.

Sophie Zaplitny, MD, retired diagnostic radiologist; **Paul Walk, MD,** family physician and **John Bizon, MD,** otolaryngologist, donated their time and energies Saturday, March 14, to help build a Habitat for Humanity home for a low-income family in Battle Creek.

David Wiedemer, MD, gastroenterologist, and Jerold Veldman, MD, pediatrician, both of Lansing, joined other physician colleagues in packing a truck full of donated endoscopic equipment and delivering it to the village of Ometepec, Mexico. While on their medical mission May 29-June 7 to Mexico, they also trained local physicians to use the equipment.

Herman B. Gray, MD, Detroit pediatrician, is volunteer medical director of the Webber and Campbell School Health Centers. Largely through his efforts, volunteer pediatricians, medical students and pediatric residents have been recruited to provide services to the students at the schools. The Webber School project was established by the Wayne County Medical Society and is supported by the WCMS Foundation.

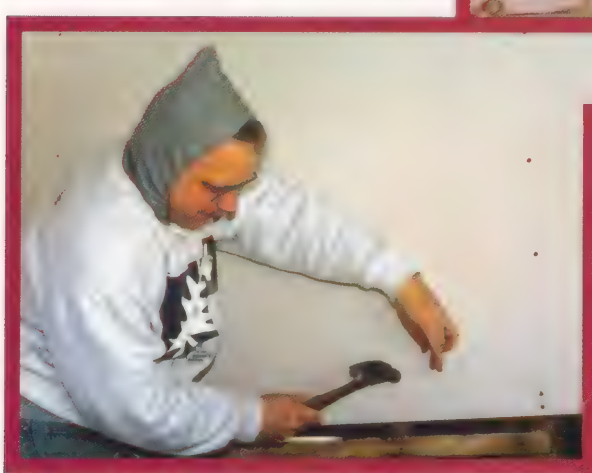
The Wayne County Medical Society Alliance, are active fund-raisers for Interim House, a Wayne County family crisis shelter.

Marvin R. Jewell, MD, Detroit anesthesiologist, coordinates continuing medical education programs for physicians around the world.

Susan Bhagat, wife of Flint internist **Jagdish Bhagat, MD,** a member of the Genesee County Medical Society Alliance, has served as chair of the Flint Healthy Hands 5K Run/Walk committee.



Sophie Zaplitny, MD, bundled up to work with Battle Creek Habitat for Humanity in March.



John Bizon, MD, hammers wallboard in place.



Paul Walk, MD, left, and then Battle Creek-area Habitat director Jim Faber were all smiles as they helped rebuild a home.

Detroit Free Press Photo-Mary Schroeder



Doctor Lawrenchuk surrounded by photos and autographs of the stars he has collected for charity.

Robert Cross, MD, retired surgeon, and his wife **Shirley, RN**, are involved in a number of activities in Flint. Doctor Cross is past chair of the Genesee County Medical Society Public Service Committee and the Drug Abuse Program at Westwood Heights School District. He is a recipient of the Mott College Award for Outstanding Contribution to the Allied Health Department. He was the acting physician for the Genesee County Children's facility and also was a founding member of the American Air Museum in Duxford, England. Mrs. Cross initiated the first mother/daughter French language class at the Flint Community Schools. She is the past school health chair at Brownell and Westwood Heights school and is a volunteer with the Native American program at Westwood Heights.

Donald Lawrenchuk, MD, Livonia, medical director of the Wayne County Health Department, turned his hobby of collecting famous peoples' autographs into a money-raiser for the Myasthenia Gravis Foundation. Doctor Lawrenchuk donated more than 150 autographs, including one from Mother Teresa inscribed "God Bless You," to a live auction in February for the Foundation. Doctor Lawrenchuk solicits autographs for fund-raising endeavors and teaches others how to do the same.

Susan Lauber, wife of **Paul Lauber, MD**, Burton radiologist, is a board member of the Bishop Airport Authority and of the Whaley Children's Center. She is a member of the Genesee County Medical Society Alliance.



John MacKenzie, MD, family physician, and his wife **Carolyn** have been involved with many community activities in Flint. Doctor MacKenzie is the recipient of the Liberty Bell Award from the Genesee County Bar Association for service to the community, and was awarded the Outstanding Citizen Volunteer of the Year award from the Genesee Council of Social Agencies. Mrs. MacKenzie is a member of the National Council for International Visitors, the U of M International Hospitality Program, a member of Junior League and docent for the Flint Institute of Arts.

John L. Schriner, DO, a sports medicine physician from Flushing, has been the medical director for the Bobby Crim Road Race (The Crim) as part of the Special Olympics, since 1977. He also has been the team physician for Flushing High School since 1965 and currently is team physician for Clio and Kearsley High Schools, the Flint Spirits and Flint Generals hockey teams.

John MacKeigan, MD, MSMS Board member and Grand Rapids colo/rectal surgeon, and his wife, Suzie, are active volunteers in the public school system.



MSMS Alliance President **Lila Esfahani**, Grand Blanc, is active in the United Way, the Flint Institute of Arts and has served as president of the YWCA of Greater Flint. She currently serves on the YWCA Foundation board of governors and is on the advisory board of Mott Community College's gerontology program.

Philip B. Storm, MD, Okemos urolgist, and his wife **Susan Ruotsala Storm, PhD**, were instrumental in helping to raise $10,000 for 64 charities in the Greater Lansing area. They arranged for all of the admission costs to the Ingham County Medical Society's annual President's Night to go to local charities, by soliciting donations from local facilities, services, employees and exhibits to cover the costs of the event.



The Klein family, from left, back; Joshua, Henry and Jamie; Barry and Doctor Klein, front.

Karen Klein, MD, Flint family physician, her husband **Barry** and their children **Joshua**, **Henry** and **Jamie** have been involved in many volunteer activities. Doctor Klein and her husband have helped at the Korean Culture Camp held in Flushing, MI, for the past five years. They also assisted in the "Tar Wars" anti-smoking presentation to sixth graders in Flint. Doctor Klein has been a co-leader and volunteer for a local Girl Scout troop for the past five years, has been a middle school book fair volunteer and helped build Davison's playscape. Their son, Joshua, was involved with the Community Coalition, volunteering his time during the 4th of July celebration. Henry Klein is a "Big Brother" to a 5th grade boy and spends two to three hours each week with him. Their daughter, Jamie, volunteered to clean up litter at Central Elementary School and participated in the March of Dimes Walk-a-Thon fundraiser for the Girl Scouts of America.



Marigowda Nagaraju, MD, a gastroenterologist from Flint, is the founder and president of the Genesee County Free Medical Clinic. He is the recipient of the Clement A. Alfred Humanitarian Award, the Public Citizen Award from the Flint Chapter of Social Workers Association of America,

1998 MSMS Community Service Award Recipients

CALHOUN COUNTY MEDICAL SOCIETY

John Young, MD, of Battle Creek, received the award for serving as medical advisor for Visiting Nurse Services in Battle Creek and volunteering time at the local nursing clinic for many years. He is a contributor to the Haven of Rest Ministries and the Calhoun County Humane Society. Doctor Young also served as a medical advisor on the "Strategies for Improving the Healthcare Delivery in Two Communities," a project supported by a grant from the W.K. Kellogg Foundation.

DELTA COUNTY MEDICAL SOCIETY

James R. Dehlin, MD, of Gladstone, is being recognized for his involvement with youth. Doctor Dehlin has been active in Boy Scouts for the past 40 years. He has furnished a meeting place for area troops and is involved in their many activities, including camp-outs. In addition, Doctor Dehlin has been a supporter of Gladstone/Escanaba athletic teams and has given yearly physical examinations to the athletes. He also is very involved in the local Rotary programs, especially the youth exchange program.

GENESEE COUNTY MEDICAL SOCIETY

Allen F. Turcke, MD, of Flint, is recognized for several activities including serving the community as president of the Medical Society Foundation, a charter member of the Genesee County Free Medical Clinic board of directors, provider of indigent medical services to the Free Clinic and a provider of indigent pediatric medical care via the Mott Children's Health Center for nearly 30 years. Doctor Turcke has been extremely involved in training leaders within the field of organized medicine, as well as in the community-at-large.

INGHAM COUNTY MEDICAL SOCIETY

David K. Johnson, MD, of Lansing, earned the award for his work as a volunteer coach with the Okemos



James R. Dehlin, MD, has been a Boy Scout volunteer for 40 years.



Allen F. Turcke, MD, is a charter member of the Genesee County Free Medical Clinic Board of Directors.

Athletic Klubs (OAKS) program. He coached soccer and other sports when the program began in the early eighties. The OAKS program is a non-profit community recreation program that offers girls and boys a wide range of sporting activities to enjoy. Doctor Johnson, who was a founder of Eastside Soccer and the Junior Pro girls basketball programs, often coached more than one team. His efforts have ensured that children in Okemos and surrounding communities have an opportunity to play sports.

JACKSON COUNTY MEDICAL SOCIETY

Jim O'Connor, DO, formerly of Jackson, now lives with his wife, Connie, in a small remote village in Bolivia. Doctor O'Connor has been on three previous missions to Bolivia. They collect drugs and other medical supplies in the United States and ship them to South America where they are not available or are not sanitary. The O'Connors run the clinic in the small village and two or three days a week they travel out to even more remote areas to set up small clinics for isolated natives to receive needed care. They are also committed to caring for children in two area orphanages.

KALAMAZOO ACADEMY OF MEDICINE

George J. Hoekstra, MD, of West Olivet, is being recognized for a number of community activities. He was a team physician at Kalamazoo Christian and Parchment high schools, worked at the Disability Determination Association of Kalamazoo, assisted the Visiting Nurses Association and worked with the hospital chaplaincy. Since retiring in 1993, Doctor Hoekstra has volunteered one day a week at the International Aid Facility near Spring Lake. He has been on several missions working in hospitals in Bahrain and Honduras, assisted a physician in Nicaragua, and took care of street children in Ecuador.



Jim O'Connor, DO, and his wife Connie, travel by helicopter to bring needed medical care to remote Bolivian villages.



George J. Hoekstra, MD, has been a team physician, served on several medical missions and volunteers one day a week at the International Aid Facility in Spring Lake.

1998 MSMS Community Service Award Recipients

MACOMB COUNTY MEDICAL SOCIETY

Adoracion Palacio-Chang, MD, of Sterling Heights, is recognized for her participation in many medical missions to the Philippines beginning in 1991. Doctor Palacio-Chang organized fund raising efforts, collected and shipped medical supplies, and also donated medical and school supplies for several of the missions she led. In 1997, Doctor Palacio-Chang was awarded the "Military Outstanding Medal" for exceptional community services, i.e., medical missions to depressed areas of the Philippines. She is a Gulf War Veteran and a Lieutenant Colonel in the U.S. Air Force Reserves.

MARQUETTE-ALGER COUNTY MEDICAL SOCIETY

Cleofe J. Chavez, MD, of Marquette, is recognized for helping women of all ages in Marquette county. She is past-president and a board member of the Zonta Club of Marquette and an advisor for the Marquette High School Zonta Club, mentoring girls in community service and education. In addition, Doctor Chavez was instrumental in establishing the Northern Michigan University Golden Zonta Club for women college students to enhance their education by helping them develop leadership skills and participate in community services. In recognition for her community leadership in this area, Doctor Chavez received the 1997 Athena Award from Oldsmobile.

MUSKEGON COUNTY MEDICAL SOCIETY

W. Richard Harris, MD, of Muskegon, earned the award for starting one of the areas first Medi-Centers, which eventually expanded into two more facilities. Doctor Harris also has been a team physician to several organizations and is on the local chapter of the Red Cross board. One of his interests includes race car driving. He was a track physician at Berlin Race Track.



Adoracion Palacio-Chang, MD, fourth from left, is recipient of a military medal for her exceptional service in medical missions to the Philippines.



Cleofe J. Chavez, MD, is honored by the Marquette-Alger County Medical Society for her work in mentoring girls in community service and education.

1998 MSMS Community Service Award Recipients

SAGINAW COUNTY MEDICAL SOCIETY

Jack L. Barry, MD, of Saginaw, is recognized for many activities in the Saginaw area. For years, Doctor Barry was a team physician, giving physicals to student athletes, as well as serving on the school board. Doctor Barry also played an important role in initiating modern specialty care at St. Mary's hospital in Saginaw, helping to revitalize a failing hospital. This effort also helped save over a thousand jobs. A past president of MSMS and Saginaw County Medical Society, Doctor Barry was instrumental in bringing the managed care option, Health Plus, to Saginaw. He has served on their board since 1988.

WASHTENAW COUNTY MEDICAL SOCIETY

Jerry S. Walden, MD, of Ann Arbor, received the award for his work in providing health care to people regardless of their financial circumstances or ethnicity. Doctor Walden founded the Packard Community Clinic in 1973 where he has acted as the medical director for the last 25 years. The mission is to provide affordable health care to all. In addition to providing medical services, the Clinic gives about $1500 in food vouchers for families during the holidays. In addition, for the past eighteen years, the Clinic has conducted an annual health fair for children. All children who come receive a free health examination. Doctor Walden also has been involved in a relief project in Chiapas, Mexico, for the past five years. Part of the work includes collecting and transporting medicine and supplies to the indigenous people of the area and also in Guatemala.



MSMS past president Jack L. Barry, MD is this years Saginaw County award recipient.

WAYNE COUNTY MEDICAL SOCIETY

Krishna K. Sawhney, MD, of Taylor, received the award for initiating the idea of sponsoring a holiday party for needy children. Due to Doctor Sawhney's efforts in keeping this program alive, he has insured that an average of 200 children each year receive some holiday spirit that they might otherwise be denied. The 13th anniversary of this holiday party is in 1998.

KENT COUNTY MEDICAL SOCIETY ALLIANCE

Linda Zimmerman, of Grand Rapids is recognized for a number of community service activities. She is the co-founder of the Charity Golf Tournament for Butterworth Foundation and chaired the planning committee for four years. Mrs. Zimmerman also was very active with the George Marshall Foundation, which gives grants for children's educational projects. She was involved in organizing the Kent County Medical Society Alliance Valentine Day Charity Ball for four years, helping to raise over $30,000 each year for medically related projects in the community.



Krishna K. Sawhney, MD, MSMS president-elect is honored this year by the Wayne County Medical Society.

American Lung Association Health Care Advocate of the Year Award, and a past MSMS Community Service Award recipient. Doctor Nagaraju also is the past president of the Chinmaya Mission West, and of the India Club of Greater Flint.

R. Jack Chase, MD, retired Grand Rapids internist, and his wife, Donna, are long-time local volunteers. Doctor Chase serves on the Butterworth/Blodgett Foundation Board, and is on the Clark Retirement Community and Foundation Boards. Donna chairs the Clark Community Arts Council. Both are members of the board of the Cherry Street Health Services facility for low-income families.

Larry Whiting, MD, family physician, his wife **Lori** and their children **Stephen, Sarah** and **Aaron** of Frankenmuth, have traveled to Guatemala eight times to volunteer at medical clinics in remote areas.

Kent County Medical Society Alliance members annually for the past five years have raised and donated $30,000-$35,000 to the Cherry Street Health Services facility for low-income families.

Yvette Marie Miller, MD, Lansing transfusion medicine specialist, helped build the Oprah Winfrey "Angel House" with Habitat for Humanity and reads for WKAR Radio "talking book" program, a service for the blind and visually impaired. Doctor Miller also conducts workshops on stress management and health maintenance for inmates at Parnall Prison in Jackson and volunteers her weekends with the American Red Cross Military Assistance Program, which handles notification of military personnel about emergency matters.

Russell B. Rothrock, MD, Battle Creek neurosurgeon, and his wife, **Stacy,** donate medical supplies to the nursing clinic of Battle Creek. In addition, Stacy hosted the Calhoun County Medical Alliance's annual garage sale in July, which benefits several local health care projects.

Nick Reina, MD, of Port Huron, is vice-president of the local Good Will Industries. His wife, **Donna,** is involved in the local Girl Scouts, coaches a soccer team program, and is active in the PTA. Doctor Reina specializes in physical medicine and rehabilitation.



Doctor Whiting, rear center, with family and staff at Guatemalan clinic.



The Ritters

Trudy Ritter, past president of the MSMS Alliance, started "Rainbow's End" at the Ann Arbor Community Center to teach basic computer training, job skills, and personal enhancement for women. She and her husband **Frank Ritter, MD,** Ann Arbor ENT, were honored by Tom Monaghan and presented the Mario Hilton Award in recognition of their exemplary Catholic family life and services to their church and community. They have traveled to Honduras and Nicaragua in an effort to get new wells dug so people can have safe drinking water. They also are involved in trying to get needed medical equipment to remote areas in Chile. Other organizations that have benefited from their volunteer services include the Boy Scouts and Girl Scouts, Catholic Social Services, U-M Center for Communication Disorders, Ronald McDonald House, Safe House and the Hands-On Museum. Trudy received the Daniel D. Heffernan, MD, Humanitarian Award from Hope Clinic in recognition of her service to humanity, here and abroad.

Jane Farrehi, whose husband, **Cyrus Farrehi, MD,** is a Flint cardiologist, volunteers her time with Holy Family Church, where she serves in the soup kitchen.

David A. Detrisac, MD, East Lansing orthopedic surgeon, and his wife, **Sandy,** are active members of their church, teaching Bible studies and Sunday School. They are sports boosters for Okemos High School basketball, swimming, gymnastics and hockey teams on which their three children–**Lou, Katie** and **Bill**–compete and Doctor Detrisac is medical care provider for the OHS hockey team.

Fran Gumpper, wife of **C. Richard Gumpper, MD**, Flint family physician, teaches Sunday school at the First Presbyterian Church, Flint, serves as president of the Family Service Agency and helped produce a play for the Flint schools titled, "Arts and People of the Renaissance."

George Greidinger, MD, and his wife **Ellen**, of Flint, are active with a number of community activities. Doctor Greidinger, a retired pathologist, is a former Board member of Sloan Museum. Ellen is co-chair of the Genesee County Medical Society Alliance dinner auction for the Flint Institute of Health and a GCMS-A liaison to the Institute of Health.

MSMS and the MSMS Alliance thank the following organizations for their support:

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Again in 1999, MSMS, the MSMS Alliance, the Mutual Insurance Corporation Of America (formerly MPMLC) and Stratton, Cheeseman & Walsh will recognize physicians and their families for their many and varied volunteer efforts. Please send us a brief description of your volunteer activities, or the activities of a colleague you wish to have recognized.

All participating physicians and their families will be highlighted in the October 1999 issue of *Michigan Medicine*, and their stories may be included in other promotional material. This will be done in coordination with national "Make a Difference Day," Saturday, October 23, 1999.

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Krishna K. Sawhney, MD, MSMS president-elect is honored this year by the Wayne County Medical Society. **Please attach a photo depicting the volunteer activity, or a family photo of those to be recognized.**

Mail to: MSMS Foundation – Make a Difference
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Fax to: 517-337-2490
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For further information, contact:
Judy Marr
Executive Director
MSMS Foundation
517-336-5744
jmarr@msms.org

engage in these business related activities should take heed that their liability can be significantly enhanced and there may be serious questions as to insurance coverage.

It should be noted that a controversial report at the AMA's recent meeting that would have put an ethical end to the for-profit sale of nonprescription, health-related goods from physicians' offices was tabled by the House of Delegates. ■

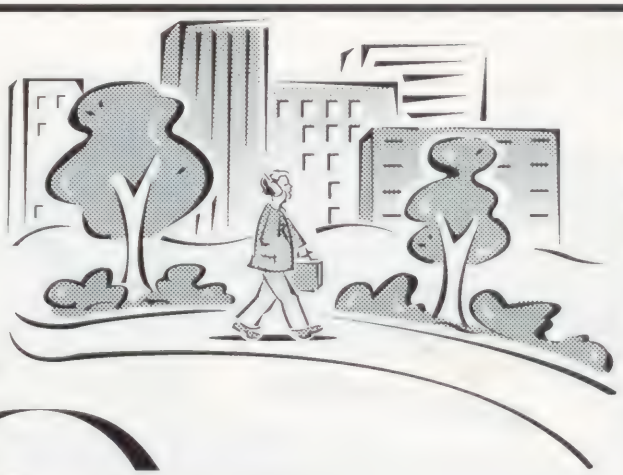
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ISSUES BRIEF

Tear this article from the magazine and share with colleagues or file for reference. This issues brief is part of an important series of backgrounders prepared for MSMS members. Look for future briefs in coming issues of *Michigan Medicine*. The briefs also can be found on the MSMS Website at www.msms.org. Please call MSMS at (517) 337-5748 for additional copies of this brief for your patients and colleagues.

Physician-Assisted Suicide–Proposal B

The debate over physician-assisted suicide in this nation has its roots here in Michigan. Most Americans are familiar with Jack Kevorkian and the legal drama surrounding the issue. The nation will be looking to Michigan this fall when voters will go to the polls to decide if physician-assisted suicide will become legal. Our state's decision will be a bellwether for many other states as they consider the issue themselves. It is important that this referendum be explained to the public and to physicians so that a clear and informed choice can be made.

Support for this initiative began with Merian's Friends, an Ann Arbor-based organization established in memory of Merian Fredrick, who died on 1993 with the help of Jack Kevorkian. They collected enough signatures to have the initiative put on the November 3 ballot, which is entitled Proposal B.

The following is a 100-word summary that was unanimously approved by the Michigan Department of State, Bureau of Elections, of the 12,000-word proposal.

Ballot Proposal

Initiated legislation to legalize the prescription of a lethal dose of medication to terminally ill, competent, informed adults in order to commit suicide. The proposal would:

- Allow a Michigan resident or certain out-of-state relatives of Michigan residents confirmed by one psychiatrist to be mentally competent and two physicians to be terminally ill with six months or less to live to obtain a lethal dose of medication to end his/her life.
- Allow physicians, after the following required procedures, to prescribe a lethal dose of medication to enable a terminally ill adult to end his/her life.
- Establish a gubernatorially appointed, publicly funded oversight committee, exempt from Open Meetings Act and whose records, including confidential medical records, and minutes are exempt from Freedom of Information Act.
- Create penalties for violating law.

On July 19, 1998, the Michigan State Medical Society Board of Directors, after careful consideration of the specific language of the resolution, concluded that it would be in the best interest of Michigan's physicians and Michigan's patients to vote no on the ballot initiative. Cathy Blight, MD, president of MSMS, explains the position: "Regardless of a physician's personal beliefs for or against the practice of physician-assisted suicide, our members must understand that the Board of Directors came to this decision based not on that ethical debate, but on the basis of the onerous and complex language of the proposal. Among various problems, the proposal would create an 'end-of-life bureaucracy' that could discourage physicians from providing effective palliative care to their terminally ill patients who are not seeking assisted suicide. For example, if an individual physician treats a terminally ill patient—one who is *not* seeking assisted suicide—with large doses of pain medication and this results in hastening the patient's death, the physician could be charged with a five-year, $50,000 felony. In addition, other physician requirements in the proposal for referral and record-keeping make the entire proposal especially onerous and interfere with the private doctor/patient/family relationship at the most sensitive time."

Talking Points Against Proposal

Although a thorough reading of the initiative is needed to understand its full complexity,

the following summary has been prepared with the help of MSMS legal counsel, Richard D. Weber, JD, to demonstrate the difficulties the proposed law presents.

"The proposed statute would mandate that physicians conform to multiple requirements under threat of criminal sanctions," according to MSMS Legal Counsel Richard D. Weber. "For example, a physician who willfully fails to inform a patient of the fact that he or she is unwilling to perform any procedure under the Act and transmit a copy of the patient's relevant medical records to a physician of the patient's choice within 72 hours is guilty of a crime. Also, a physician who willfully fails to maintain patient records for at least three years supporting the fact that all requirements of the Act have been met is criminally responsible. The crime imposed for either of these violations would be a misdemeanor punishable by a fine of not more than $10,000, or imprisonment for up to 90 days, or both."

The following are specific legal problems a physician might encounter if Proposal B is passed.

Physician Non-Compliance

Section 5689 (5) provides as follows: "A physician who willfully, or with reckless disregard, fails to comply with the requirements of this part and who, at the request of a person under the physician's care, provides to that person medication or other instrumentality for self-administration that is intended to cause or hasten death is guilty of a felony punishable by a fine or not more than $50,000 or imprisonment for up to five years, or both."

Legal Counsel's Comment: "This could affect how physicians treat patients in the last hours or days of their life. If a physician prescribes medication to a patient that may later be determined by a third party or jury to have been intended to cause or hasten death, the physician could be found guilty of a felony punishable by a fine of not more than $50,000 or imprisonment for up to five years or both. The only way to avoid this risk is to follow the complex requirements of the proposed statute. Since this requires the participation of three physicians and multiple other time consuming and burdensome procedures, physicians may be dissuaded from providing strong pain medication to patients at the end of life. Existing law currently provides for immunity from administrative and civil liability in the event a physician prescribes controlled substances if the prescription was given in good faith and with the intention to treat a patient with a terminal illness or alleviate a patient's pain. Unfortunately, criminal immunity, incorporated in the initiative legislation, is not included in the existing statute."

Immunity

Section 5688 (1) provides as follows: "Except as otherwise provided in this part, a health care provider or other person is not subject to civil or criminal liability or administrative disciplinary action for participating in the procedures authorized by this part in good faith and in compliance with this part or for not participating in those procedures. In addition, a health care provider who claims the immunity provided by this subsection must have conformed his or her or the health facility's conduct under this part to the applicable standard of practice for the conduct, procedures, or determinations undertaken under this part."

Legal Counsel's Comment: "As a condition of immunity, the health care provider must have met the applicable standard of practice for the conduct, procedures, or determinations undertaken in assisting in the suicide. Is there a standard of practice for physicians in assisting a person to commit suicide? If not, immunity is illusory. If so, the standard must be determined. If the standard of practice is met, immunity is not necessary; but if it is not met, no immunity is given. In a litigation context, a jury determines the standard of practice. At best, immunity is uncertain. At worst, it is meaningless."

Records

Section 5681 requires the attending physician to document in writing and file informa-

tion in the patient's medical record, including each oral and written request made by the patient, the attending physician's diagnosis that the patient has a terminal illness, the prognosis, and the determination that the patient is competent in making the request voluntarily and pursuant to an informed decision. The attending physician must also document the consulting physician's confirmation of the attending physician's diagnosis and prognosis, along with the consulting physician's independent verification that the patient is competent and is making the request voluntarily and pursuant to an informed decision, and that the patient is informed regarding sedation coma, refusal of hydration and nutrition, and withdrawal of life-sustaining treatment, the written statement from the psychiatrist (required by a separate section) and the attending physician's offer to the patient of an opportunity to rescind the request. Finally, the attending physician must record that all requirements of the statute have been met and the steps taking to carry out the request, including, but not limited to, a notation of the medication prescribed. The attending physician must retain these records for not less than three years, and the penalty for a physician who willfully fails to comply is a fine of not more than $10,000 or imprisonment for up to ninety days, or both.

Legal Counsel's Comment: "If this provision became law, it would be unprecedented. No other law dictates such specific, voluminous record keeping. Moreover, no other law mandates that physicians maintain records for a specific period of time with criminal sanctions imposed for violation."

"The complex and bureaucratic process physicians must undertake to participate in palliative care and/or physician-assisted suicide only worsens the burden of other paperwork, staff, and importantly, liability insurance."—Cathy O. Blight, MD, president of MSMS.

Physician Participation

Section 5678 provides as follows: "If an attending physician or a consulting physician is unwilling to perform one or more of the duties prescribed under this part, including, but not limited to, giving a patient a true copy of this part or a copy of the booklet produced by the department under Section 5682, prescribing medication pursuant to a request, or performing a required examination, the attending physician or consulting physician shall immediately inform the patient of this fact and shall transmit a copy of the patient's relevant medical records to a physician of the patient's choice within 72 hours."

Legal Counsel's Comment: "A physician who willfully fails to comply with this section is guilty of a misdemeanor punishable by a fine of not more than $10,000 or imprisonment up to ninety days, or both. Imposing criminal sanctions against physicians in this context is unprecedented. Also, Section 5676 requires that, upon request of the patient, the physician must provide a true copy of this complex statute and a copy of the booklet (which must be produced by the department) as soon as possible after determining that the patient has a terminal illness. This booklet must contain information regarding the procedure for making a request and obtaining medication under the statute."

When the MSMS Board of Directors voted to oppose the initiative, it also appointed a task force to educate physicians about it. The task force, chaired by MSMS President Cathy O. Blight, MD, met August 12 to establish an action plan.

MSMS is sponsoring a public forum Thursday, October 22 from 7-9 p.m. at the Kellogg Center in East Lansing to discuss alternatives in end-of-life care. For more information, contact David Fox at MSMS at 517-336-5731 or dkfox@msms.org. ●

MSMS will become an active partner in the Partnership for Appropriate and Compassionate Care (PACC), a coalition united to promote a fully informed social-political examination of the issues surrounding the assisted-suicide debate. MSMS will also take an active role in the media, educating physicians and the general public about fundamental problems with the initiative. PACC includes MSMS; The Arc Michigan, which represents citizens with developmental disabilities; Michigan Hospice Organization; Michigan Osteopathic Association; Michigan Catholic Conference; Physicians Resource Council; Catholic Campaign for America; Right-to-Life of Michigan; and Michigan Family Forum.

Coalition members share the viewpoint that assisted suicide represents an extreme response to illness or disability. "MSMS brings three main objectives to PACC: better pain management, more advanced directives, and better use of hospice," explained James E. Waun, MD, co-chair of the MSMS Bioethics Committee. The following fundamental views are shared by all PACC members:

- Assisted suicide represents an extreme response to illness or disability.
- Medical and support services are available to offer care and dignity to those in need.
- A significant need for education on this matter exists among the general public and health care professions.
- Legalizing assisted suicide does not represent responsible or credible public policy.

Although PACC focuses primarily on examining alternatives to the extremely political issue of assisted suicide, the coalition collectively maintains that its motivation is strictly educational, not political. PACC efforts this fall will concentrate on creating more communication forums for the general public and health care professionals.

Election Year Watch

- *MSMS Legislative Agenda*
- *MSMS Grassroots Political Action Programs*
- *Michigan Doctors Political Action Committee*
- *Federal Legislative Update*
- *MSMS Issues Brief: Fraud & Abuse*

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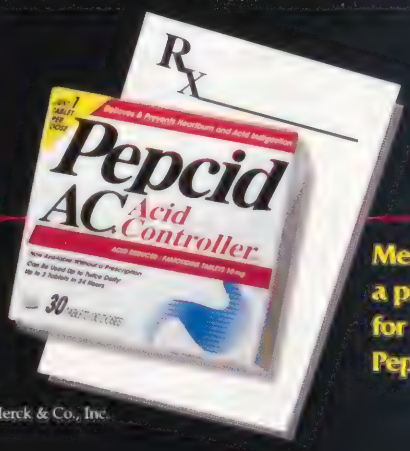
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1. Sources: IRI, November 1997; *Red Book Update*, November 1997; IMS America, September 1997.

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JVMC-039 2/98

Proposal B—Know the Issues

By Dustin May

Proposal B—or the petition for legislation legalizing physician-assisted suicide—is both comprehensive and complex. Although a reading of the entire proposed legislation is necessary for a full understanding, the following is a summary of the salient provisions relating to physicians.

Primary Assessment of the Patient

A patient must be competent and make an informed decision in order to request Physician Assisted Suicide (PAS).

"*Competent*" is defined as the ability to make personal medical decisions based upon

an understanding of the relevant aspects of current medical circumstances, and understanding of the benefits, risks, and likely consequences of the treatment alternatives described in this part, and the ability to arrive at an independent and sustained decision based upon the rational choice.

"*Informed decision*" means a decision by a patient to request a prescription under this act for medication to end his or her unbearable pain or suffering by ending his or her life in a humane and dignified manner that is made after being fully informed by the patient's attending physician or a consulting physician under this part of all of the following:

- the patient's medical diagnosis
- the patient's prognosis
- the potential risks associated with taking the medication to be prescribed
- the probable result of taking the medication to be prescribed
- the alternatives of taking the medication prescribed, including but not limited to, comfort care, hospice care, and pain control
- that the patient may rescind the decision at any time by either written or oral communication or in any manner that communicates the same intent.

The patient must be determined by the patient's attending physician and by a consulting physician to be suffering from a terminal illness.

"*Terminal illness*" means an incurable and irreversible disease that is medically confirmed and that will, within reasonable medical judgment, result in the death of a patient within six months or less. Whether or not the patient has made a request, the attending physician or the consulting physician shall, as soon as possible after determining that the patient has a terminal illness, do a number of things, including the following:

- Upon the patient's request, provide a true copy of the statute and a copy of a booklet produced by The Department Community Health.
- Inform the patient regarding comfort care, hospice care, and pain management.
- Discuss financial assistance with the patient.

In addition, the attending physician must do all of the following in relation to a request before writing a prescription:

- Confirm the initial determination that the patient has a terminal illness, is competent, and is making the request voluntarily and pursuant to an informed decision.
- Inform the patient of the terminal illness, prognosis, risks, probable result and alternatives.
- Require the patient to consult with a psychiatrist who shall interview the patient and review the patient's medical records.
- If the psychiatrist determines both of the following, he or she shall document that determination in the patient's medical record and shall issue the patient a written statement of the determination that the patient shall present to his or her attending physician:

- (i) that the patient has no diagnosable mental disorder or, if the patient does have a diagnosable mental disorder, that the request for medication is not the result of a distortion of the patient's judgment due to clinical depression or another mental illness;
  (ii) that the request is reasoned, is fully informed, and is voluntary, as far as can reasonably be determined.
- Refer the patient to the patient's consulting physician or, if none is involved, to another consulting physician who specialized in treating the terminal illness from which the patient is suffering for medical confirmation of the diagnosis and for an independent determination that the patient is competent and is making their request voluntarily and pursuant to an informed decision, and is informed regarding the matter. If the patient's terminal illness is cancer, the attending physician shall refer the patient to a consulting physician who specialize s in oncology.
- Immediately before writing the prescription, verify that the patient is making the request voluntarily and pursuant to an informed decision.
- Insure that all required steps are carried out in accordance with the law before writing the prescription.

Secondary Assessment of Patient

The consulting physician shall examine the patient and the patient's relevant medical records and, if he/she concurs with the attending physician, he /she shall confirm, in writing, the attending physician's diagnosis that the patient is suffering from a terminal illness, and shall verify that the patient is competent and is making the request voluntarily and pursuant to an informed decision.

The attending physician, consulting physician and psychiatrist must all conform their conduct to the applicable standard of practice at all times.

If an attending physician or consulting physician is unwilling to perform one or more of the duties prescribed in the Act, he or she shall immediately inform the patient of the fact and shall transmit a copy of the patient's relevant medical records to a physician of the patient's choice within 72 hours.

Prescription Procedures

If not less than seven days have passed since the patient's initial request, the attending physician or the consulting physician shall prescribe in writing the medication to the patient.

- The attending physician shall give the patient the official prescription form and shall enter the name of the medication, dosage, and quantity prescribed and the instructions for use in the patient's medical record.
- That part of the patient's medical record must be retained for not less than five years.
- A patient may rescind the request at any time in any manner.

Documentation

The attending physician shall document in writing and file all of the following in the patient's medical record:

1.Each oral request made by the patient.

2.Each written request made by the patient.

3.The attending physician's diagnosis that the patient has a terminal illness, the prognosis, and the determination that the patient is competent and is making the request voluntarily and pursuant to an informed decision.

4.The consulting physician's confirmation of the attending physician's diagnosis and prognosis and independent verification.

5.The written statement from the psychiatrist.

6.The attending physician's offer to the pa-

continued on page 22

MDPAC Names Endorsements

Candidates for offices represented in complete MDPAC listing

During the last few months, members of the Michigan Doctors' Political Action Committee (MDPAC) have conducted candidate interviews and held political events to determine the best candidates for the future organized medicine in Michigan. Interviews were designed to focus on issues that are critical to physicians, such as Medicare/Medicaid reform, managed care accountability, and physician-assisted suicide, to name a few. After carefully reviewing its findings, MDPAC announces its complete list of candidate endorsements for 1998, and strongly believes that these candidates merit your vote on November 3.

GOVERNOR OF MICHIGAN

John Engler (I)

SUPREME COURT

Chief Judge Maura Corrigan
Justice Cliff Taylor

U.S. HOUSE OF REPRESENTATIVES

DISTRICT	NAME	PARTY	HOMETOWN
2	Peter Hoekstra	R	Holland (I)
3	Vernon Ehlers	R	Grand Rapids (I)
4	Dave Camp	R	Midland (I)
5	James Barcia	D	Bay City (I)
6	Fred Upton	R	St. Joseph (I)
7	Nick Smith	R	Addison (I)
9	Dale Kildee	D	Flint (I)
11	Joe Knollenberg	R	Bloomfield Hills (I)
12	Leslie A. Touma	R	Royal Oak
15	Carolyn Cheeks Kilpatrick	D	Detroit (I)
16	John Dingell	D	Dearborn (I)

MICHIGAN SENATE

DISTRICT	NAME	PARTY	HOMETOWN
1	Joe Young Jr.	D	Detroit (I)
2	Virgil Smith	D	Detroit (I)
3	Raymond Murphy	D	Detroit
4	Jackie Vaughn, III	D	Detroit (I)
5	Burton Leland	D	Detroit
6	George Hart	D	Dearborn (I)
7	Chris Dingell	D	Trenton(I)
8	Loren Bennett	R	Canton (I)
10	Arthur Miller, Jr.	D	Warren (I)
11	Jack Brandenburg	R	Mt. Clemens
13	Michael Bouchard	R	Birmingham (I)
14	Gary Peters	D	Pontiac (I)
15	Bill Bullard, Jr.	R	Milford (I)
16	Mat Dunaskiss	R	Lake Orion (I)
17	Bev Hammerstrom	R	Temperance
18	A. Wheeler Smith	D	Salem Twp. (I)
19	Philip Hoffman	R	Horton (I)
20	Harry Gast	R	St. Joseph (I)
21	Dale Shugars	R	Portage (I)
22	W. VanRegenmorter	R	Hudsonville (I)
24	John Schwarz, MD	R	Battle Creek (I)
25	Dianne Byrum	D	Lansing (I)
26	Mike Rogers	R	Howell (I)
27	Dan DeGrow	R	Port Huron (I)
28	John Cherry, Jr.	D	Clio (I)
29	Bob Emerson	D	Flint
30	Glenn Steil	R	Grand Rapids (I)
31	Ken Sikkema	R	Grandville
32	Leon Stille	R	Spring Lake (I)
33	Michael Goshka	R	Brant
34	Joel Gougeon	R	Bay City (I)
35	Bill Schuette	R	Midland (I)
36	George McManus, Jr.	R	Traverse City (I)
37	Walter North	R	St. Ignace (I)
38	Don Koivisto	D	Ironwood (I)

MICHIGAN HOUSE OF REPRESENTATIVES

DISTRICT	NAME	PARTY	HOMETOWN
1	Andrew Richner	R	Grosse Pointe Park (I)
3	Artina Tinsley Hardman	D	Detroit
4	Ed Vaughn	D	Detroit (I)
6	Martha G. Scott	D	Highland Park (I)
7	Hansen Clarke	D	Detroit
9	Kwame Kilpatrick	D	Detroit (I)
10	Samuel Buzz Thomas	D	Detroit (I)
12	Keith B. Stallworth	D	Detroit (I)
13	Triette Lipsey Reeves	D	Detroit
14	Derrick F. Hale	D	Detroit (I)
15	Maureen Keane-Doran	D	Dearborn
16	Bob Brown	D	Dearborn Heights (I)
17	Thomas Kelly	D	Wayne (I)
18	Eileen DeHart	D	Westland (I)
20	Gerald Law	R	Plymouth (I)
22	Raymond E. Basham	D	Taylor (I)
23	George W. Mans	D	Trenton (I)
24	William J. O'Neil	D	Allen Park
26	Bill Callahan	D	St. Clair Shores (I)
28	Paul Wojno	D	Warren (I)
30	Sue Rocca	R	Sterling Heights (I)
31	Quinnie E. Cody	R	Clinton Township
32	Alan Sanborn	R	Richmond Township (I)
33	Janet Kukuk	R	Macomb
35	Gilda Jacobs	D	Huntington Woods
36	Nancy Quarles	D	Southfield (I)

DISTRICT	NAME	PARTY	HOMETOWN
37	Andrew Raczkowski	R	Farmington Hills (I)
38	Nancy Cassis	R	Novi (I)
39	Marc Shulman	R	West Bloomfield
40	Patricia Godchaux	R	Birmingham (I)
41	John Pappageorge	R	Troy
43	Hubert Price, Jr.	D	Pontiac (I)
45	Mike Bishop	R	Rochester
46	Ruth Johnson	R	Holly
47	Rose Bogardus	D	Davison (I)
48	Vera B. Rison	D	Mt. Morris (I)
49	Jack D. Minore	D	Flint
50	Deb Cherry	D	Burton (I)
51	Tom Wright	R	Swartz Creek
52	John Hansen	D	Dexter
53	Liz Brater	D	Ann Arbor (I)
55	Gene DeRossett	R	Manchester
56	Randy Richardville	R	Monroe
60	Ed LaForge	D	Kalamazoo (I)
61	Charles Perricone	R	Kalamazoo (I)
62	Mark Schauer	D	Battle Creek (I)
63	Jerry VanderRoest	R	Galesburg
64	Clark E. Bisbee	R	Jackson
65	Mickey Mortimer	R	Horton
66	Judith Scranton	R	Brighton (I)
67	Paul DeWeese, MD	R	Williamston
68	Lingg Brewer	D	Holt (I)
69	Lynne Martinez	D	Lansing (I)
70	Laura Baird	D	Okemos (I)
71	Susan Tabor	R	Lansing
72	Mark Jansen	R	Grand Rapids (I)
75	William Byl	R	Grand Rapids (I)
78	Ron Jelinek	R	Three Oaks (I)
79	Charles LaSata	R	St. Joseph
80	Mary Ann Middaugh	R	Paw Paw
81	Lauren Hager	R	Port Huron
84	Mike Green	R	Mayville (I)
85	Larry Julian	R	Lennon
86	Valde Garcia	R	St. Johns
87	Terry Geiger	R	Lake Odessa (I)
88	Patricia Birkholz	R	Saugatuck (I)
89	Jon Jellema	R	Grand Haven (I)
93	Larry DeVuyst	R	Ithaca (I)
94	Jim Howell	R	St. Charles
95	Michael Hanley	D	Saginaw (I)
96	A.T. Frank	D	Saginaw (I)
97	Joseph Rivet	D	Bay City
98	Tony Stamas	R	Midland
101	David Mead	R	Frankfort
104	Jason Allen	R	Traverse City
107	Scott Shackleton	R	Sault St. Marie
109	Michael Prusi	D	Ishpeming (I)
110	Paul Tesanovich	D	L'Anse (I)

It is important to note that several additional interviews and endorsements will take place before the November 3rd election. Please contact Mathew Hedberg at MSMS at (517) 336-5719 or mhedberg@msms.org if your district is not mentioned here.

MDPAC Sample Ballot

Take this with you when you vote on Tuesday, November 3, 1998.

Medicine's Candidates

Governor of Michigan

☑ John D. Engler

Supreme Court

☑ Chief Judge Maura D. Corrigan

☑ Justice Clifford W. Taylor

State Senate

❑ _____

❑ _____

❑ _____

State House of Representatives

❑ _____

❑ _____

U.S. House of Representatives

❑ _____

❑ _____

How to use this sample ballot

MDPAC has taken great care to endorse candidates who best represent the concerns and issues of organized medicine in Michigan. Although it does not represent an actual ballot, this MDPAC sample ballot is a convenient tool to help physicians decide how to vote on Election Day.

- Use the adjacent endorsement list to determine which candidates are running in your district or region.
- Mark the sample ballot with your candidate choices.
- Tear off the sample ballot.
- Take it with you to the polls on November 3.

Proposal B/continued from page 19

tient of an opportunity to rescind the request.

7.A note by the attending physician indicating that all requirement of the statute have been met and the steps taken to carry out the request.

The attending physician shall retain that part of the patient's medical record for not less than three years.

Oversight

The Governor shall appoint an oversight committee of the following members

- Fourteen physicians
- Three members of the general public.
- Eight members, two from each medical and osteopathic school, shall be appointed from nominees submitted by the highest executive officer of each school.
- Six members, three from MSMS and three from MAOPS shall be appointed from nominees submitted by the highest executive officers of those organizations.

Each nominee shall have practiced his or her specialty for not less that ten years and no nominee shall be opposed to compliance with the act. The director of the Department of Community Health shall serve as executive secretary to the oversight committee. Strong investigative powers are given to the oversight committee.

The attending physician, consulting physician, psychiatrist and others must make all records available upon request and the physician-patient privilege is rendered inapplicable.

The death of a patient under this Act shall be classified for legal purposes as having been caused by the patient's terminal illness.

Certain continuing medical education requirements are mandated with respect to physicians who provide patients with the procedures under the Act. Two years after the effective date, a physician who applies for a renewal license shall present satisfactory evidence that he or she has had not less than twenty hours of continuing medical education in the theory and practice of comfort care, hospice care, pain control, sedation, coma, removal of nutrition and hydration, psychiatric counseling, and the prescription medications authorized by this part. Subsequent license renewals require evidence of four hours of continuing medical education as described.

A health care provider or other person is not subject to civil or criminal liability or disciplinary action for participating in the procedures authorized by the Act so long as the procedures were performed in good faith and in compliance with the Act. A professional organization or association or health facility or other health care provider shall not subject a person to censure, discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty for participating or refusing to participate in the procedures authorized by the Act. Provision by an attending physician of medication in compliance with the Act does not constitute negligence or malpractice for any purpose of law.

For a more in-depth summary of Proposal B see the August 3, 1998 *Medigram*, or under "political actions—current issues" on the MSMS Website at www.msms.org. For more information, contact Dave Fox, MSMS director of public relations at (517) 336-5731. ■

The author is an East-Lansing based freelance writer.

SCIENTIFIC MEETING

October 28, 29 and 30, 1998
The Ritz-Carlton, Dearborn





Blue Cross Blue Shield of Michigan

This conference is co-sponsored by Michigan State Medical Society and Blue Cross Blue Shield of Michigan.

Approved for a maximum of 20 hours Category 1 CME Credit.

A complete list of courses and a registration form will be published in a special issue of *Medigram* in August.

For more information, call Brenda Menzies at 517-336-7580 or see our Website at www.msms.org and select "Education" button.

Wednesday Morning, October 28

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Preventative Medicine is a Family Affair
- Update: Infectious Disease
- Frequently Encountered Neurological Problems
- Allergic Rhinosinusistis and Asthma
- Otologic Medicine
- Cutaneous Melanoma and Mucous Melanoma

Wednesday Afternoon, October 28

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Golden Pearls from the Golden Girls
- Update in Otolarynology for the Primary Care Physician
- Cancer Clinical Research in Private Practice: Providing the Best for Our Patients
- Drug Hypersensitivity
- Changing Paradigms in Peer Review: How Will They Affect Your Practice?
- Bleeding Disorders in Women – Recognition and Management

Thursday Morning, October 29

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.
The Growing Use of Alternative Medicine

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Complementary/Alternative Medicine: Overview and Introduction "Implications For Optimal Health" (Physicians)
- Office Rheumatology: Including Lemons Among the Lymes
- Evaluation and Treatment of Hand Problems for the Primary Care Physician
- Pharmacological Considerations in Pediatrics
- Rapid Neurological Assessment in the Acute Care Setting
- Plastic Surgery for the Primary Physician

Thursday Afternoon, October 29

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Sexual Secrets: Everything Your Patients Want You to Know But are Affraid to Tell
- Radiology for Clinicians
- Pain Management Liability Issues
- Diagnosis and Treatment of Occupational Injuries
- Diagnosis and Management of Common Vascular Problems

Friday Morning, October 30

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.
First Do No Harm – Making Good Policy in the Face of Scientific Uncertainty

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Michigan's Fish Consumption Controversy: What Physicians Need to Know
- Acute, Chronic and Terminal Pain Management
- Resolving Food Dilemmas for Patients of All Ages
- Neurosurgical Update
- Preventable Renal Diseases: Hypertension, Diabetes, Ischemia
- Technology Symposium – Part 1
- Hands-On Introduction to Computers and the Internet

Friday Afternoon, October 30

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- What's New in Urology
- Clinical Update in Colon and Rectal Surgery
- Management of Cardiovascular Disease and Diabetes
- Benefits and Risks of Hormone Replacement Therapy in Menopausal (HRT) Women
- Physicians and Managed Care
- Technology Symposium – Part 2
- Hands-On Introduction to Computers and the Internet


PLACE HOLES
OVER PORTS
INSERT CARD
THIS SIDE UP

A Physician's Guide to Election '98

This year's elections will have a tremendous effect on the medical community as a whole. Although MSMS is working hard to lobby physician issues it is essential that all physicians get involved, especially as an informed voter.

The most powerful way to affect a candidate or the election itself is to demonstrate your support and to tell others. As highly respected members of the community, physicians are trusted in making informed choices.

This month, Michigan Medicine *has addressed the issues of greatest import, to assist physicians in making decisions that will ultimately affect the medicine of tomorrow.*

An Important Vote for the Future

The Michigan Supreme Court

By Dustin May

In Michigan's mid-term elections this fall, individuals will be elected who will guide the local, state, and federal governments into the next millennium. With a public who is dissatisfied with the condition of their health care system, it is no suprise that issues affecting organized medicine are at the top of the agenda.

As a result, physicians have a very pivotal role to play in this election—roles that may in fact decide who will investigate, legislate, and interpret health care issues in the state and nation. Ultimately, physicians' input into the political process—their knowledge, contributions, and most importantly, their vote—will help to shape health care into the 21st Century.

The Michigan Supreme Court election is often overlooked. Despite its low coverage in the press, physicians should follow this election closely because the court has the power to interpret and set legal precedent for the laws that govern the practice of medicine in Michigan. The Court, which has three open seats, is the ultimate arbiter of medical malpractice law, insurance liability law, and many other areas of health care regulation. "The constitutionality of the malpractice reform legislation that MSMS achieved through the efforts of Michigan physicians," says Dick Weber, MSMS legal counsel, "will be determined by the Justices who are elected in November."

The current court is split 4-3 in favor of the Democrats, who tend to freely interpret the law.

"Michigan physicians have been very successful in the legislative branch, only to watch that success crumble in the judicial branch," says Cathy Blight, MD, president of MSMS. "That success will be eroded as long as the Supreme Court is dominated by activist judges who make law, not interpret it."

The current make-up of the court is one that has in many areas of the law sought to set social and political policy in their decisions. Such agendas do not favor the economy or the will of the state legislature. In fact, the groups it tends to favor the most are the trial lawyers. As Weber asserts, "It is essential that Michigan physicians elect Justices to the Supreme Court who interpret laws rather than make laws. We need Supreme Court Justices who will strictly construe the constitution and not follow the inappropriate path of judicial activism."

Evaluating the candidates in this election is a difficult task, though. Unlike partisan political candidates, these judges are limited by certain ethical restraints that restrict the amount of information that they can give voters. MSMS and the Michigan Doctors Political Action Committee (MDPAC), with the help and resources of Michigan Lawsuit Abuse Watch (M-LAW), has undertaken the project of researching these candidates to their full extent. The conclusion of this research has revealed two candidates who would serve the interests of organized medicine: Maura Corrigan, Chief Judge of the Michigan Court of Appeals, and Cliff Taylor, who is currently serving as a Justice on the Supreme Court. "This year," says Doctor Blight, "we have a chance to swing the balance to our favor with these two excellent judges."

The Candidates

Chief Judge Maura Corrigan has served with distinction in Michigan's legal community for 24 years. In 1992, following her service in the public and private sector, Governor Engler appointed her to the Michigan Court of Appeals to a partial term and she was re-elected in 1994 to a six-year term. She earned the respect of her colleagues on the court and was appointed Chief Judge in January 1997. She is now targeting the seat held by the retiring Democrat, Justice Patricia Boyle. Judge Corrigan has been

hailed by Republican leaders as a "constructive conservative." She entered the campaign with many endorsements, including several Democrats such as Wayne County Prosecutor John O'Hair. In announcing her candidacy she said "I am a common sense judicial conservative. I believe that a judge's role is to interpret the law, not to make it."

Justice Clifford Taylor began his law career in Michigan as an assistant prosecuting attorney in Ingham County in 1971. He went on to serve in private practice for 20 years, receiving the highest rankings from lawyer-rating groups prior to his appointment to the Michigan Court of Appeals in 1992 by Governor Engler. Justice Taylor quickly became a leader in the judicial conservative movement, which played a unique role in redirecting the judicial philosophy of that court. He was successful in challenging judges to interpret law rather than make it—not to use the power of the court to impose social or political agendas. In August 1997, Governor Engler appointed him to the Supreme Court to fill a vacancy left by the resignation of Justice Dorothy Comstock Riley. According to law, he must run for re-election to fill the remainder of her term, which expires at the end of the year 2000. Upon appointment, Chief Justice Conrad Mallett praised Justice Taylor as an "admirable choice . . . I know Cliff Taylor to be a fine lawyer and a good judge . . . I respect tremendously his professional capability, [and] his human decency. His record on the Court of Appeals and Supreme Court indicate his willingness to faithfully executing state law." Taylor adds, "My job is to interpret the law, not to make the law. I believe that the legislature sets policy for our society, not the courts."

Michigan Lawsuit Abuse Watch (M-LAW)

When evaluating these candidates, MSMS and MDPAC sought the help of a non-parti-



MSMS leaders met with Congresswoman Carolyn Cheeks Kilpatrick (D-Detroit), center, seated, during an AMA fly-in regarding the Patients' Bill of Rights

"Michigan physicians have been very successful in the legislative branch only to watch that success crumble in the judicial branch."

Cathy Blight, MD
MSMS president

san, grassroots organization, M-LAW, which serves as a public watchdog over our court system. M-LAW's goal is to eliminate the negative effects that lawsuit abuse has on various sectors of the economy, including organized medicine. The excesses of litigation, M-LAW asserts, have built a hidden "lawsuit tax" into countless products and services—which physicians are all too familiar with when purchasing malpractice insurance. By increasing the awareness of the damaging effects of runaway litigation, M-LAW is working to eliminate the abuse of the court system.

Using an outside organization in another state, M-LAW evaluated judges in the Michigan Supreme Court and Court of Appeals in the following areas: employment, environment, products and other liability lawsuits, taxation, worker's compensation, insurance, and medical malpractice. Judge Corrigan and Justice Taylor ranked highest in the medical malpractice category of those favorable to organized medicine in medical liability cases. Corrigan sided with medicine 89 percent of the time, Taylor 83 percent. Furthermore, their overall ratings were in the top 10 percent of all judges evaluated in the review. After review of these judges and their case backgrounds, MSMS legal counsel Weber concluded, "Justice Taylor [and Judge Corrigan] certainly fit the pattern that Michigan physicians need on the Supreme Court."

Justice Taylor, in his decision in the case of *Garabedian v Beaumont Hospital*, 208 Mich App 473 (1995), shows how valuable his experience is in the defense of physicians in medical malpractice cases. Judge Taylor held that proofs of

Health Care Reform *Friends and Foes*

Congress has taken a serious interest in health care reform this election year. Public pressure for reform has turned the debate into a campaign issue. However, some candidates might try to claim legislative success, when in fact, they may have done just the opposite.

Earlier this year, MSMS and the AMA took the leadership in shaping the legislative discussion. Physician involvement produced a very strong package of new regulations designed to protect the physician-patient relationship. This federal Patients' Bill of Rights, introduced by Congressman John Dingell (D-Michigan) and supported by Rep. Greg Ganske (R-Iowa), has been the centerpiece of debate. On July 21, MSMS leaders attended an AMA-sponsored event to heighten public and congressional awareness of the need for the Patients' Bill of Rights. After attending a briefing conducted by AMA leadership and staff, physicians moved to the Capitol for meetings with lawmakers on both sides of the aisle. The event wrapped up at an afternoon news conference addressed by Sen. Edward Kennedy (D-MA); Rep. Greg Ganske (R-IA); AMA President Nancy W. Dickey, MD; and AMA President-Elect Thomas R. Reardon, MD, who stressed the importance of ERISA health plan accountability.

The House of Representatives took a vote on July 24, on the Patients' Bill of Rights and it lost by a very close vote along party lines—all of the Democratic members of the Michi-

For a listing of all candidates who have been endorsed by MDPAC please see page 20 in this issue, or visit the MSMS Website at www.msms.org and click on the Political Action icon, scroll to 1998 elections, and scroll to MDPAC Endorsements.

medical malpractice must rise above mere speculation that acts of the physician caused injury. Thus, unless there are reasonable inferences of causation, the case against the physician must be dismissed.

For further case examples, please review the following cases cited in *Michigan Medicine* (September 1998, vol. 97, no. 9, p. 42).

MDPAC and Election '98

Michigan Doctors Political Action Committee serves a vital role in helping physicians get involved in this year's election by providing useful information to physicians about candidates, endorsing candidates, and contributing to their campaigns. Despite the negative connotations political action committees have in the campaign finance debate, they nevertheless remain an integral part of advocating physician issues. Unlike other PACs, MDPAC does more than just give money to candidates: it provides a solid political base that physicians can work from. Doctor Blight notes that "MDPAC takes the logistical burden off the physician by setting up meetings with candidates. It allows for a group of physicians to assist in the electoral process and build long-term relationships."

This is even more true in the Supreme Court election. The election itself does not receive a large amount of media coverage or as many campaign contributions as the more high profile Gubernatorial or Congressional races. As a result, PAC support and contributions have become very crucial and can make the difference in this election. Although MDPAC is unable to make large "soft-money" donations to political

"We need Supreme Court Justices who will strictly construe *the constitution* and not follow the inappropriate path of judicial activism."

Richard D. Weber, JD, MSMS legal counsel

gan Delegation to Congress voting in favor and all Republicans voting against. The Republicans soon introduced an alternative plan that was drafted with very little physician input. (The only physicians present at the Republican rally were recruited from a nearby hospital.) It was passed along reversed party lines.

"The original Patients' Bill of Rights legislation is very important to physicians and their patients," says Doctor Blight, MD, president of MSMS. "It will be interesting to see if enough Republicans can be persuaded to bring it to the floor for another vote and pass it." President Clinton has promised a veto of the alternative legislation and has already been stumping for candidates on the basis of these issues.

It may be hard to distinguish between those candidates who claim to care about reform and those who actually do. Sifting through the rhetoric may be tedious and getting politicians to listen to your concerns may seem futile. But MDPAC, as in the Supreme Court race, has taken the role of assisting physicians in advocating their causes and rewarding worthy candidates in ways that assure action. However, there is no substitute for getting direct physician involvement—it is essential. To learn more about how to get involved in the election, please see the section entitled: *A Guide to Grassroots Citizen Advocacy on pg. 30.*

parties or buy large chunks of air-time, it is able to reward local, state, and federal candidates who are sensitive to physician issues. With unpredictable forces in politics, it is essential for Michigan's physicians to be heard not only at the Capitol and the ballot box, but in the campaign "war-chest" as well. Krishna K. Sawhney, MD, chair, MDPAC Board and MSMS president-elect explains, "Candidates appreciate help in the elections and early support and money is never forgotten once elected. He/she will always be your friend."

MDPAC is working very hard this election year to get more physicians involved in the political process. The Supreme Court election is, of course, one of the most important. Past success in lower court elections has occurred, but the leadership of MSMS and MDPAC's physician contributors have set their goals much higher this year and expect great things to happen.

For more information on how to get involved in MDPAC or to make a contribution, please contact Matt Hedberg, political affairs specialist at MSMS at (517)336-5719 or by email at mhedberg@msms.org. ■

The author is an East Lansing-based freelance writer.

A Guide to Grassroots Physician Advocacy

Although MSMS is working hard to lobby physician issues at the local, state, and federal level, it is also essential that you get involved to some extent, even if only as an informed voter. Every letter, phone call, fax, e-mail, or personal contact with a candidate gets us one step closer to accomplishing our legislative goals for the future.

The most powerful way to affect a candidate or the election itself is to demonstrate your support and to tell others. Never forget that the candidate will work for you, the constituent—and voter. However, many physicians take the attitude that one vote cannot make a difference. Although strength in numbers is important, your work on a campaign or casual meeting with the candidate will be remembered. Furthermore, your role as a physician will be highly respected because you are the caretaker of the constituents and often will be trusted on matters of health care reform. Don't be shy in expressing your views—your patients as well as your candidate will respect your advice just as much as your diagnosis.

Once your lawmakers have been elected this fall, it is essential that you communicate your sentiments in effective ways. When new candidates are elected or incumbents are re-elected, they often look for issues to work on—your advice can influence what is considered.

Letters: Letters are a very effective way of reaching your lawmaker. Every constituent letter is read and its position recorded. Letters are considered a gauge of popular support. One letter is often multiplied by 50 to accurately reflect public sentiment. Two-hundred letters would be considered overwhelming public support.

Phone Calls: The same logic applies to phone calls. Your position is recorded and is also considered as a multiple of public support of an issue. Always have a prepared statement and identify yourself as a constituent, also indicate that you have many patients who are constituents.

The Busy Physician's Guide to Getting Involved

State and Federal Issues: The MSMS Physicians Legislative Network notifies its members of upcoming meetings and events. Opportunities to meet with candidates and participate in health care issue forums will be mailed to all members of the Network if a particular legislative or congressional event is happening in your district.

Federal Issues: The AMA Grassroots Network Rolodex Card is a quick and easy way to keep in touch with federal issues. This hotline provides current legislative updates (updated regularly when Congress is in session), fax-back information (sample letters, issue talking points), and toll-free patch through calls to the Capitol Hill offices of Members of Congress. In order to access all of the features of the Hotline, callers must know their Medical Education number and be current members of the AMA. For politically active Alliance members, they must use their spouse's ME number until they are provided with their own access codes.

To join the Physicians Grassroots Network, please contact Bryce Docherty, legislative affairs specialist, at (517) 336-5788, or by email at bdocherty@msms.org. To join the AMA Grassroots Network, please contact Kevin A. Kelly, managing director, at (517) 336-5742, or by email at kkelly@msms.org.

Faxes: Faxes are an easy way for communication to be transmitted, but they can get easily lost in the shuffle of a busy congressional office. It is essential to make a phone call prior to your transmission, or else your fax may be lost among the flow of paper.

E-mail: Being the modern way to communicate, e-mail is becoming more popular with lawmakers every year. Some do not have e-mail yet, but most do. Strength in numbers still applies and it is quick, easy, and saves space and paper.

Arranging Meetings: Congressmen are interested in what their constituents are thinking and are willing to hear them out. It is fairly easy to schedule a personal meeting with a Congressman, but be prepared to work around their schedule.

A Few Suggestions for all Contacts with the Legislature and Congress

1.Remember that time is precious. All correspondence to your lawmaker should be "short and sweet." Get to the point and focus on your issue.

2.Personalize all contact. Stress that you are a constituent.

3.Remind your lawmaker how many people (read votes) in your organization share your position.

4.Be sure to include your name, address, and phone number on all correspondence. It will allow a response, foster a dialogue, and reminds the lawmaker that you are the constituent. It is also a good idea to follow up with letters, calls, etc.

5.Use the news media (letters to the editor, guest editorials, news stories, etc.) to help create public support for your positions.

6.The Congressional staff is there to serve you too. Be polite and brief. They are the ones who prepare policy reports and suggest votes on some bills. Make them your ally, they can be a valuable tool.

MSMS Subsidiary Rises to the Top

Professional Credential Verification Services, Inc. Earns NCQA Certification

By: Stacy R. Lammers

As physicians, you have the right to accessible and efficient credentials and license verification services. You have the right to receive thorough and immediate service, and quality products. And you have the right partner for the job—Professional Credential Verification Services, Inc. (PCVS).

PCVS is your credentialing connection, offering an abundance of sources, services, and products to reduce duplication of efforts. In its efforts to improve upon existing credentialing industry standards, PCVS is chipping away at outdated procedures, and forging new paths to information retrieval, storage, and sharing. PCVS continuously works to refine the quality of its components.

As a subsidiary of both MSMS and Mutual Insurance Company of America (MICOA), PCVS works for and with physicians to deliver the highest quality of credentials verification, including license verification. And recently, PCVS earned Credentials Verification Organization (CVO) certification for 10 out of 10 verification services from the National Committee for Quality Assurance (NCQA), bringing national recognition to PCVS' commitment to quality.

"The NCQA CVO certification establishes PCVS nationally among similar organizations, and has positioned us to work closely with managed care organizations (MCOs)," said PCVS Chief of Operations Alice Jannereth. "NCQA CVO certification had been a major goal of PCVS, and we're delighted with this success."

The NCQA is an independent, non-profit organization that certifies credentials verification organizations, and accredits managed care organizations.

"PCVS' services have saved our staff valuable time in processing medical staff and allied health professional staff applications and reappointments."

Gail Barko, PCVS client

Background

PCVS is a non-profit corporation whose products and services are recognized by the Joint Commission on Accreditation of Healthcare Organization (JCAHO), the Michigan Health and Hospital Association (MHA), and the Michigan Osteopathic Association (MOA), among others. Incorporated in November 1992 as Michigan Professional Credential Verification Services, Inc., PCVS was originally owned jointly by MSMS and MHA.

What Does PCVS Provide for Physicians?

In a word: simplification. Jannereth says that PCVS' goal from day one has been to work with organized medicine and to "simplify their lives." PCVS' next step is to offer a series that will greatly reduce the amount of forms and applications that physicians are required to complete.

"PCVS has been of great assistance in the development of a cooperative credentialing verification process between Burns Clinic and Northern Michigan Hospital," said Burns Clinic Medical Director John W. Hall, MD. "Outsourcing the credentials verification segment to PCVS is cost effective, and it facilitates the work of our medical staff office and credentialing committees."

As physicians, you can encourage your affiliated hospitals, health plans, and other health care entities to turn to PCVS when your credentials need verification. Why should the wheel continue to be reinvented? Your credentials should be verified one time only and distributed to all affiliated entities, as required by you.

Another relevant service for physicians is the accessibility of a multitude of license verification and credentialing services. One of the major services offered is the primary source veri-



fication of all Michigan health professionals' licenses. This is accomplished through an electronic link to the State of Michigan Bureau of Occupational and Professional Regulation's database. Because of its electronic capabilities, PCVS can often provide immediate service in verifying the status of Michigan health professionals licenses. Just call (800) 688-1895.

"PCVS' services have saved our staff valuable time in processing medical staff and allied health professional staff applications and reappointments," said PCVS client Gail Barko, Certified Medical Staff Coordinator at Zeeland Community Hospital in Zeeland. "I would highly recommend PCVS' services to others."

PCVS offers many more services to physicians, allied health professionals, and health care entities including the following:

- Coordination of credentialing between all of your entities
- Elimination of duplicated staff efforts at your facility
- Establishing one source for accountability
- Offering follow-up support after product delivery and during audits

Credentialing Services

PCVS targets its 45-business day turn around credentialing services for: hospitals/JCAHO-accredited clients, MCO/NCQA acredited clients, and Commission URAC-accredited clients, as well as others. Together, the credentialing divisions verify many elements from a primary source including, but not limited to, the following:

- Medical education, including IMG
- Post-graduate education
- Michigan Professional License, current and past limitations, expiration
- Out-state licenses
- Valid DEA on Controlled Dangerous Substances certification
- Board certification
- Professional liability coverage, past and present
- Primary admitting facility privileges
- Work history

"We have a standard that all physicians who apply have their credential files completed within 60 days of application," said PCVS client Ann Grzeskowiak, Certified Medical Staff Coordinator for Oaklawn Hospital in Marshall. "And PCVS always meets this expectation for us."

What is NCQA/CVO Certification?

CVO certification is a quality assessment program that MCOs, Managed Behavioral Healthcare Organizations (MBHOs), hospitals, and other health care entities can use to evaluate CVOs and other organizations that verify the credentials of physicians and allied health professionals. The program reviews the individual CVO's management of every aspect of its business, including an on-site evaluation process conducted by a team of health care professionals and certified credentialing specialists. Developed, in part, by representatives from the credentials verification industry, these standards are both rigorous and demanding.

Certification status from NCQA is based on two major components: (1) determination of compliance with six CVO standards; and (2) a random audit of completed credentials verification files, which relates to one of the six standards, to determine compliance with NCQA's credentialing standards. In order to earn NCQA CVO certification, organizations may apply to be certified for any number of the 10 of the verification services, and may achieve certification for any number of these services. PCVS applied for and received certification for all 10 verification services, listed here:

- Licensure
- Hospital privilege

continued on page 70

"The NCQA CVO certification establishes PCVS nationally among other similar organizations, and also has positioned us to work closely with managed care organizations (MCOs)."

Alice Jannereth
PCVS Chief of Operations

Alliance a Positive Ally

Working in Tandem with MSMS



Inaugural Address By Lila Esfahani, president, MSMS Alliance

Twenty-eight years ago when I first became a member of the Genesee County Medical Society Auxiliary, I never thought I would stand before this group as your elected president. Being responsible to lead the Michigan State Medical Society Alliance would be an overwhelming and challenging job if it weren't for all of you. I am not alone in the responsibilities I assume today; I have the dedication and commitment of all of you, and I know that at the core of this group is something very important and very helpful, individuals who see themselves as allies.

There are three key ways we can ally-build with our membership in the Alliance. First, we must commit to partnering with each other for the sake of the broader community. We have the ability and the resources to make a difference in our local communities, our states and the nation. The two tools we use to accomplish these goals are our health projects and our legislative initiatives. Our primary health project, "SAVE"—**S**top **A**merica's **V**iolence **E**verywhere—is timelier now than ever before. Today, violence in America robs so many of health and life and robs us all of our sense of safety and well being. The staggering statistics tell the story:

- Domestic violence affects as many as 1/4 of all American families.
- At least half of all homicide victims are killed by people they know.
- More than 500,000 emergency room visits every year are due to violent injury.
- The total medical expenditures for firearm injuries reach an estimated one billion dollars per year.

The second tool we use to ally build to benefit the wider community is through our legislative initiatives. Working in tandem with the Medical Society, we can become powerful partners in promoting sound and sensible public policy.

The Alliance is a natural partner for the medical profession and provides a needed support for medicine. In our community service projects, we put a positive and personal face on medicine. We help the public see the face of medicine at work, making a positive difference in their lives

The third avenue of ally building is at the heart of our Alliance and is very personal. Membership in the Alliance makes long-lasting friendships possible. The friendships we forge with others who share the agony and ecstasy of being married to people who are married to medicine enrich our lives immeasurably. We can draw a special kind of strength from working alongside others who share the stresses and satisfactions that are part and parcel with the medical family. As Alliance members, we receive a host of opportunities to grow personally by developing new skills and discovering new talents, by networking, giving generously of our time and resources, and by participating in leadership training.

I have one final thought to leave with you that emphasizes my vision for the upcoming year. Obviously, I am hoping that we will focus on ally building for the good of our communities, the medical profession and ourselves. But I have a deeper hope, a hope for a wonderful year. A hope for a year that is like a great love story. You see, Alliances can be, at times, merely a pragmatic arrangement between two or more parties with a common need or goal. But what I want for our Alliance is different. I want a spark of love in our Alliance. After all, we all joined the Alliance because we had first allied ourselves in love and respect to a physician. Out of that first alliance grows the opportunity to

ally-build for the medical profession and the wider community. But let's not be so busy doing good deeds that we forget the original spark that brought us here today.

Honestly, I must tell you that I had no idea what was in store for me 30 years ago when I married my husband and came to this country. Nor can I predict what the year before us will be like, because that depends not on me alone, but on each and every one of us. I want this to be a wonderful year and I will work hard to make it so, but I am only one person. I need each and every one of you to make it a wonderful year too. Together we can do so much. Please join with me to ally build for the health of our communities and the good of the medical profession. In that work will be great personal satisfaction and growth. And who knows, we just might re-kindle the spark that makes life so wonderful and bring joy and happiness into our hearts and homes.

Let's come together this year and ally build with a spark!

Lila Esfahani was inaugurated as MSMS Alliance president on May 2, 1998.

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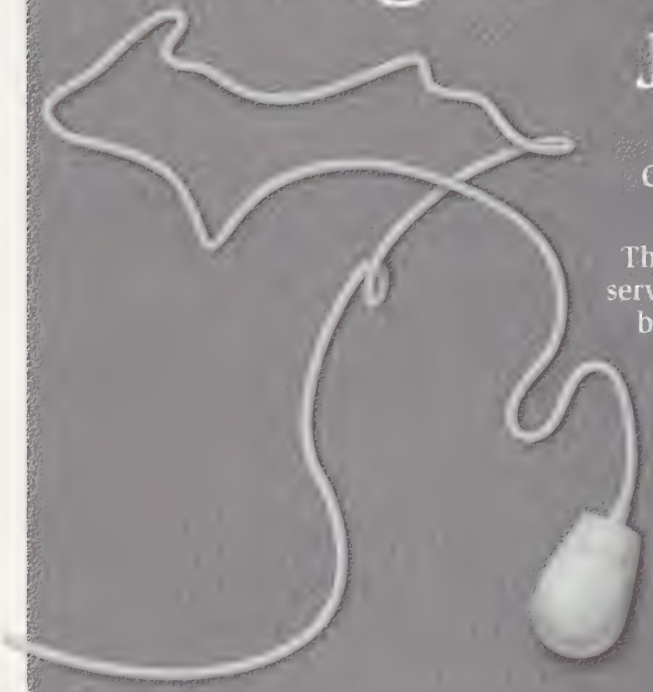
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MSMS Bridges Communication Gap

A Lawmaker and Physician Spend a Day at the Practice

By Stacy R. Lammers

When was the last time your federal or state lawmaker paid a visit to your practice? For David E. Randolph, MD, a Midland internist, it was quite recently. As part of an effort to foster ongoing communication between physicians and lawmakers, Michigan State Medical Society has coordinated an initiative to bring these two important entities together.

U.S. Rep. Dave Camp (R-4th District) met with Doctor Randolph at his practice and discussed ways of addressing several concerns of physicians. Discussion primarily focused on the economics of medicine. Since greater than 50 percent of Doctor Randolph's patients are Medicare recipients, he depends heavily on the government to reimburse him for services. "Reimbursement is a source of frustration for many doctors who see a lot of Medicare and Medicaid patients because of the delays, red tape, and devaluation of services provided," explained Doctor Randolph. "It seems that different value systems exist between health care entities and the government."

"I am grateful for this opportunity to obtain first-hand knowledge because it is the best way to determine which issues need to be addressed on a national level."
Rep. Dave Camp

Learning a Doctor's Routine

By observing the daily routine and load of paperwork in Doctor Randolph's office, Rep. Camp gained a valuable perspective on what happens in a typical practice. "I feel a special obligation to learning about health care policy and about the real issues that physicians face on a daily basis," he said. "I am grateful for this opportunity to obtain first-hand knowledge because it is the best way to determine which issues need to be addressed on a national level." Rep. Camp, a member of the House Ways and Means Committee since 1993, explained that he will "pass along this information" when he returns to Capitol Hill.

Rep. Camp also wanted to further his understanding of how government policy relates to health care delivery. An example of this is the increasing load of paperwork required in physicians' practices that result from increased government regulation, and Rep. Camp would like to minimize that workload in practices. "We need to develop better policy to reduce the paperwork for doctors," he explained. "That will, in turn, allow for the best patient care and the best health care possible." He adds that the federal government, which deals with health care at the policy level, must learn to approach it from the practical level.

According to Doctor Randolph, the complexity and frequency of change in health care policy, delays in reimbursement, and general difficulty getting questions answered in a timely fashion all contribute to the growing disillusionment that many physicians have regarding governmental policy. "It took nine months for me to get reimbursed from Medicaid for $1,000 worth of Medicaid service," he said. "Although [Medicaid] insists otherwise, I know that these kinds of delays are all too frequent, and they often cause set-backs in the schedules of physicians and their billing administrators."

Improving Patient Care

Like many physicians, Doctor Randolph has reached the point of diminishing returns. "There are many disincentives to doing services [like straight/preventive physicals] on Medicare patients because of reimbursement challenges," said Doctor Randolph. "In essence, I have to see more patients on a daily basis to make up for the significant decrease in Medicare reimbursement service and for the lag time to retrieve that reimbursement."

But Doctor Randolph makes it clear that it is the patients who really suffer as a result of



U.S. Rep. Dave Camp (left) meets with David E. Randolph, MD, to discuss problems with current health care policy.

these problems. In addition to his hospitalized patients, he sees about 20 patients per day, and because of the increased daily patient load, he must operate during longer workdays. "It is difficult to give many complex patients the thorough and compassionate care they deserve in a 15-minute time slot," he said.

Both Doctor Randolph and Rep. Camp agree that structural changes—not just quick fixes—must occur in health care policy. Some of the promising beginnings are Medicare Savings Accounts, in the Taxpayer Bill of Rights 3 of 1998, and the Health Insurance Portability and Accountability Act of 1996. More effort is needed, however, to improve the health care delivery system as we know it. "Patients need greater flexibility and choice in Medicare, and the savings accounts are a good start," said Rep. Camp.

"More direct communication between physicians and lawmakers is definitely necessary for these positive changes to come about," adds Doctor Randolph.

For more information on this initiative to bring lawmakers and physicians together, please contact MSMS Managing Director Kevin A. Kelly at (517) 336-5742 or kkelly@msms.org. ■

The author is a communications specialist at MSMS.

"More direct communication between physicians and lawmakers is definitely necessary for these positive changes to come about."
David Randolph, MD

Furthering the Human Touch

Enhancing Managed Care through Medical Assistant Recognition



By Karen Minchella, PhD, CMA

In this world of managed care and automated medical technology, the professional medical assistant warrants can add another dimension of the human touch in a practice. The Certified Medical Assistant (CMA), integrates the art of communication, compassion, and technical skills necessary to manage managed care.

Physicians and others have discovered this particular attribute in CMAs through quality patient care. "Physicians increasingly depend on medical assistants to maintain open communication," says Ronald G. Pirrallo, MD, MHSA, assistant professor at the Medical College of Wisconsin, Department of Emergency Medicine. A medical assistant's expert skill at communicating is an integral element that helps keep a practice running smoothly. Facilitating and developing the vital patient rapport in the doctor-patient line of communication reassures the ill-at-ease, clarifies procedures, and provides feedback to both provider and patients. Patients often identify with their medical assistants and express concerns they would rather not "pester" the physician's time with. It is the compatibility and trust developed over time in the medical assistant-patient relationship that is a boon to the provider managed care arena.

"Compassion and empathy becomes a priority," according to Mary Berry, CMA, officer manager at a neurology practice in Adrian, and 1998-99 president of the Michigan Society of Medical Assistants, (MSMA). We all know how anxious and/or distressed a patient can get prior to a clinical procedure or during explanation of office administrative policies. However, by offering reassurance and expressing genuine empathy, the patient is provided with encouragement and comfort.

Medial Assistants continue to demonstrate the human touch of managed care while performing technical procedures and tasks. Today's CMAs have developed the necessary knowledge, efficient administrative and clinical competencies through formal training programs. Debrah Osborn, CMA-AC, employed by a general surgery practice in Flint, believes "in order to meet our patients needs—a medical assistant must maintain and illustrate the importance of combining compassionate communication, experience and continuous education." The merit with which a medical assistant provides effective and efficient skills, is of great benefit to patients, physicians, and other allied health professionals.

According to Joseph Weiss, MD, an ardent supporter of medical assisting and a current advisor of the MSMA, who has a solo practice in internal medicine in Livonia, the rigorous requirements for continuing education and recertification safeguard the medical professionals' position. "In time employers and the public will judge allied health professionals by the effort we put into continuing education, and the importance of recertification to verify their competencies," says Doctor Weiss.

For more information regarding the medical assisting profession, upcoming continuing education opportunities, or the Michigan Society of Medical Assistants (an affiliate of American Association of Medical Assistants) contact (810) 498-9125 or km13@juno.com. ■

The author is president of a medical consulting firm based in Fraser.

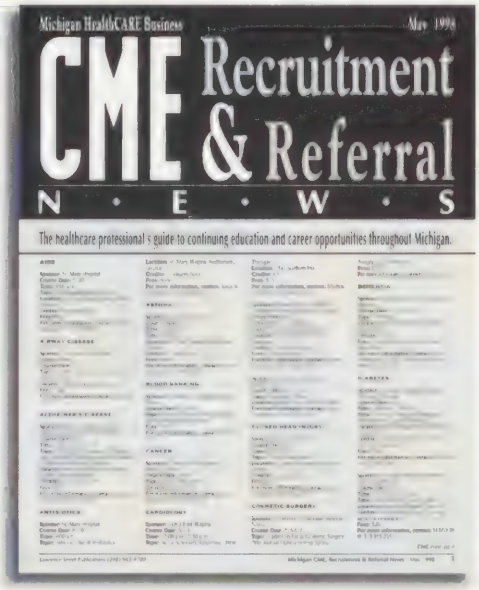
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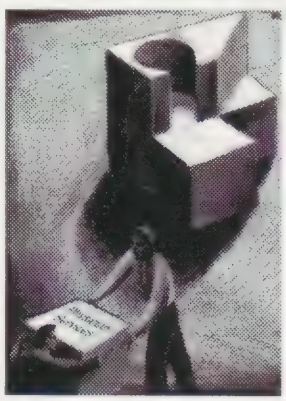
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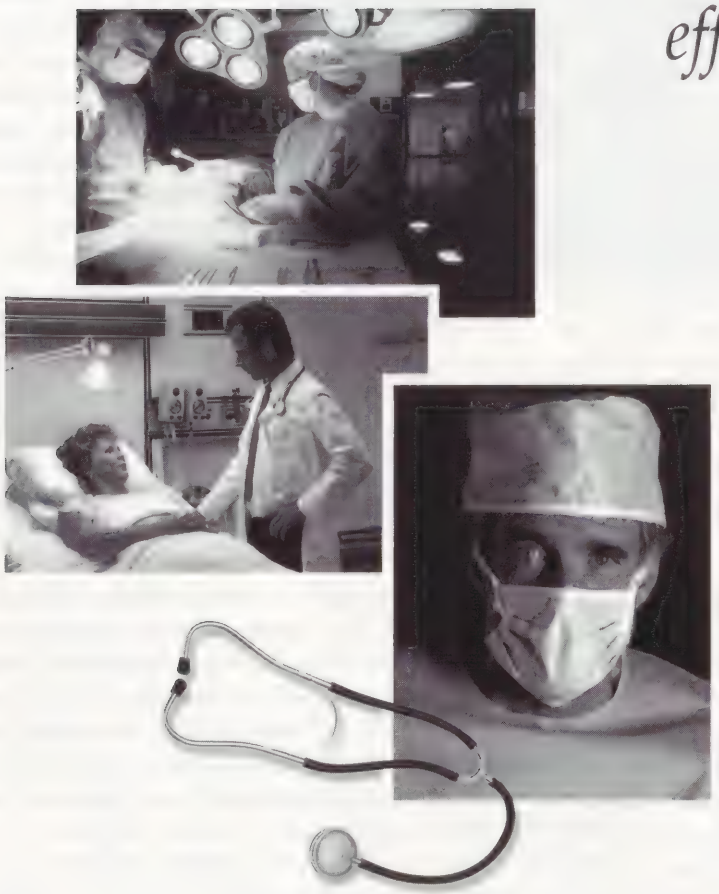
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Victor Bloom, MD

A Touch of the Artist

By Ralph D. Ward

Joyce, the English language writer perhaps most tapped in to the inner monologue of creativity, was referring to the protagonist of his revolutionary 1922 book Ulysses.

"There's a touch of the artist about old Bloom."
James Joyce, *Ulysses*

But the quote could well refer to another Bloom of today, a Grosse Pointe psychiatrist. This Bloom has done Joyce one better, however. Rather than just tap the inner streams of creativity, Victor Bloom, MD, actually has studied how creativity works and how it can be an astonishingly effective tool in recovery from mental illness.

From Ingenuity Springs Genius

Doctor Bloom first encountered the power of art over 30 years ago, not long after completing his residency in Detroit. The patient, a severely psychotic young woman, proved a challenge for all who offered treatment, and particularly Doctor Bloom, for whom "she was one of my first patients."

Through hours of intensive psychoanalytic therapy the woman remained withdrawn and isolated. Her only response came in frequent suicide and self-mutilation attempts, in one instance slashing her wrists to the bone. "We sat in silence for hundreds of hours of sessions," recalls Doctor Bloom, "except for my reminding her that it might be helpful to say what was on her mind. She'd just tell me that it was none of my business."

After months, the ongoing sessions seemed to be building a therapeutic "alliance" between Doctor Bloom and the patient. But then one day he was called "stat" to her ward—she'd tried hanging herself. The patient recovered, and opened up just enough to tell Bloom that she'd tried suicide on that particular day because it was a birthday present to her father.

A Breakthrough

With this breakthrough, Doctor Bloom and the patient continued discussion on the woman's troubled childhood, which included sexual molestation and abuse, but for months the going remained slow. "I wanted her to talk, talk, talk, not act, act, act," Doctor Bloom recalls. His office at that time reflected Doctor Bloom's interest in the arts. Posters, particularly pieces by Van Gogh; books; sculpture, and music. Unknowingly, this atmosphere of creative stimulation was giving the patient a language that could help unfreeze her isolation. "One day, after about six months, she furtively handed me a piece of paper with some poetry on it. It was of such high quality that I asked her who wrote it, and she told me that she had. I realized that this was from a part of her that was not psychotic."

As Doctor Bloom worked further with the patient, drawing her from her isolation and reading more of her poetry, a hypothesis took shape in his mind. Could the creative process itself be a tool in helping the emotionally disturbed? "It took me years to realize that patients with a neurochemical imbalance had an intensity of emotion we can hardly imagine." She needed an outlet for all this destructive rage, and poetry was the answer. She let me know in her unique and creative way how she felt deep down." Poetry, which combines a uniquely concentrated, powerful language with a need for precision and self-discipline in composition, proved a remarkable tool for this patient. It allowed her to release the torrent of emotion within her, while requiring her to channel that torrent into exacting (and non-destructive) language. The patient ultimately recovered, a wellness that continues to this day.

Exploring Many Forms of Creativity

Doctor Bloom found further venues for exploring his ideas on creativity with other patients over the years. "I realized there was something in the



Victor Bloom, MD

psychotherapeutic relationship that unleashes creativity. I had many other patients who developed creative abilities as a result of long-term psychotherapy." A patient with a deep fear of commitment tapped into this inner language during treatment, and not only resolved his fears, but became an award-winning documentary filmmaker. A young woman was depressive and unable to form relationships. Though she ultimately traced her problems to childhood sexual abuse, a sharp setback in her vocal music training career had triggered her illness. As therapy continued, her ability to express her feelings kindled renewed interest in her singing. "I found that her therapy helped hone her soprano skills." Not only did she ultimately rediscover her gifts in vocal music, the patient today is "joyful, musical, outgoing, caring and sensitive," as well as an operatic soprano.

Over the past three decades, Doctor Bloom has nurtured a creative impulse that spurred both recovery and success in many patients. "I've seen patients become successful writers and speakers. One took up guitar, another developed talents in photography. Some have also succeeded in business as entrepreneurs." But rather than valuing art for its power as a career tool, Doctor Bloom views this creative blossoming in his patients as a triumph in life itself. "The most important element is that they develop creativity in their family life. Patients with children become good parents, for example."

Doctor Bloom nurtures this change through the basics of Freudian analysis. "The main means of therapy is free association, saying everything to the analyst that comes to mind. This free association brings the unconscious to the surface."

And this creativity works both ways, Doctor Bloom finds. He's written a paper on his findings titled "Psychoanalysis and Creativity" that was presented to the American Academy of Psychoanalysis, and observes that "my own creativity helps me to tune in to that of the patients. I love music . . . I love writing. I myself have written some poetry, and copies are hanging on the wall in my office, so patients can see all aspects of my practice."

There's a touch of the artist to old Bloom after all . . . ■

The author is a Riverdale-based freelance writer.

Gone are
forced smiles,
hallucinations,
pacing,
nightmares,
bad food,
early hours,
and stopped sinks.
Gone are
fist fights,
straight jackets,
IMs,
thick speech,
key lights
seclusion
and locked doors.
Gone are
fleeting doctors,
group therapy,
shock treatments,
pill pushers,
student nurses,
basket weaving
and mental illness.

MW, April 1964
(This poem was composed by a patient, after recovery.)

NEWSMAKERS

Eleanor Walker, MD, a Farmington Hills radiation oncologist at Henry Ford Hospital, recently has been awarded the 1998 Reverend Edward Frederick Sorin, CSC Award. This award is sponsored by the Notre Dame Alumni Association and the selection is made by the Notre Dame Alumni Board of Directors. The honor recognizes a graduate who has "performed a high degree of service reflecting the values of the University and who performed outstanding service to his or her community." Doctor Walker is an advocate for bone marrow donation. Her efforts have helped the city of Detroit to be recognized as having the nation's highest number of African-American bone marrow donors in 1996.



Gregory L. Walker, MD, FACEP, recently began his one-year term as president of the Michigan College of Emergency Physicians (MCEP). As president of MCEP, Doctor Walker serves as chair of the College's Board of Directors and works on behalf of membership to promote the interests and values of emergency physicians. Doctor Walker is the associate director of the Emergency Medicine Residency Program at Sparrow Hospital, Lansing.



Susan Schooley, MD, chair of Family Practice with the Henry Ford Health System, recently was appointed to the 12-member American Medical Group Association Public Policy Committee. This committee recommends federal and state legislative and regulatory policy to the AMGA Board.

Jason M. White, MD, FACEP, recently was awarded the Ronald L. Krome Meritorious Service Award for Excellence in Emergency Medicine by the Michigan College of Emergency Physicians (MCEP). This distinguished award is presented to a member who has demonstrated a commitment to the furthering of Emergency Medicine in the State of Michigan. Doctor White is chief of staff of St. Mary's Medical Center in Saginaw.



Michael Shy, MD, recently was selected as the *Rebecca Sand Volunteer of the Year for 1998* by the Charcot-Marie-Tooth Association (CMT). Doctor Shy volunteers with the CMT Association by organizing the International Conference on CMT Disorders in Montreal, Quebec. He is also involved with the clinical and basic research on CMT disease at DMC/WSU clinical research on patients with specific mutations causing CMT.

Alvaro Martinez, MD, chief of William Beaumont Hospital's Department of Radiation Oncology, recently was selected by the American College of Radiology to chair the national subcommittee studying the use of prostatic implants. Doctor Martinez is a member of numerous national and international educational and research committees. He also serves on the medical advisory board of the University of Michigan Cancer Consortium.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Renato G. Albaran, MD, *Rochester*
Yassir A. Attalla, MD, *Wyandotte*
Kevin J. Bohnsack, MD, *Marquette*
Julia Borniva, MD, *Detroit*
Burton S. Brodsky, MD, *Berkley*
John A. Campbell, MD, *Commerce Township*
Karen L. Chapel, MD, *Dearborn*
Raechele Cochran, MD, *Detroit*
R. Scott Dingeman, MD, *Grosse Pointe Farms*
Alan B. Douglass, MD, *Ann Arbor*
Jesse Duranceau, MD, *Kalamazoo*

Mohammed A. Edwards, MD, *Troy*
Walid W. Freij, MD, *Taylor*
Harold Z. Friedman, MD, *Bloomfield Hills*
Timothy S. Gatz, MD, *Portage*
Margie A. Gerena, MD, *Detroit*
Lionel Gorbaty, MD, *Marlette*
Marc D. Headapohl, MD, *Kalamazoo*
Karen A. Heidelberg, MD, *Detroit*
Sherryl D. Hinton, MD, *Clarkston*
Irving Kernis, DO, *West Bloomfield*
Keith A. Kobet, MD, *Canton*
Philip D. Kondylis, MD, *St Clair Shores*
Pei Ann Kong, MD, *Detroit*
Sanford Lax, MD, *Royal Oak*
R. Sean Lenahan, MD, *Dearborn*
Nancy F. Mansour, MD, *Grand Blanc*
Matthew H. Marcarian, MD, *Dearborn Heights*
Vishwas J. Mashalkar, MD, *Farmington Hills*
Lisa Michelle McMath, MD, *Holly*
Thomas A. Mladsi, MD, *Farmington Hills*
Ali K. Mohammed, MD, *Flint*
Lori Mosca, MD, *Ann Arbor*
Andrew S. Nicholson, MD, *Kalamazoo*
Lisa Niese, MD, *Detroit*
Nabil Nouna, MD, *Allegan*
Charles Peller, MD, *Ann Arbor*
Julie G. Pilitsis, MD, *Royal Oak*
Pankhaniya Rohit, MD, *Farmington Hills*
Stacey Royal, MD, *Toledo*
Paul R. Ryan, MD, *Rochester Hills*
Eric T. Silberg, MD, *Novi*
Mohamed A. Soofi, MD, *Monroe*
Jane Sung, MD, *Rochester Hills*
Gregory Varjabedian, MD, *Farmington Hills*
Thomas Viren, MD, *Marquette*
William H. Ward, MD, *Flint*
Michael J. Wilbur, MD, *Kalamazoo*
Charles L. Willekes, MD, *Muskegon*
Terrence C. Wong, MD, *Auburn Hills*
Dwight W. Wood, MD, *Ludington*

OBITUARIES

Robert P. Clifford, MD, died on February 27, 1998. He was 83. Doctor Clifford, who was a general surgeon and general practitioner from St. Clair County, graduated from the University of Michigan Medical School in 1940. He also served in the Army form 1941-45. Doctor Clifford was a member of the St. Clair Medical Society, AMA, and MSMS.

Philip H. Frandsen, MD, died on May 4, 1998. He was 71. Doctor Frandsen graduated from the University of Michigan Medical School in 1953, and went on to practice surgery in Spring Lake. He served in the Army during WWII from 1945-46, and was a volunteer surgeon in Africa. Doctor Frandsen was a member of the AMA, the Muskegon County Medical Society, and MSMS.

Frederick C. Greiling, MD, died in April 1998. He was 61. Doctor Greiling, a child psychiatrist from St. Clair County, graduated from Wayne State University School of Medicine in 1963. He served as a Captain in the Army from 1964-66. Doctor Greiling was a member of the Michigan State Psychiatry Society, the Michigan Society of Child Psychiatry, the American Psychiatric Society, the American Ortho Psychiatric Society, Society for Adolescent Psychiatry, the St. Clair County Medical Society, and MSMS.

Stephen C. Hershey, MD, died on June 5, 1998. He was 53. Doctor Hershey graduated from the University of Michigan Medical School in 1966, practiced Psychiatry in Muskegon. He was a member of MSMS, AMA, American Association of Clinical Hypnosis, American Association of General Hospital Psychiatrists, and Associated Geriatric Psychiatry.

Lambertus Mulder, MD, died on April 29, 1998. He was 75. Doctor Mulder graduated form the University of Michigan Medical School in 1946, and went on to be a general practitioner in Muskegon. He served in the Navy during WWII from 1943-45 and also was an Air Force veteran of the Korean Conflict from 1947-52. Doctor Mulder was a member of the AMA, Muskegon County Medical Society, Michigan Occupational Medical Society, American Occupational Medical Society, and MSMS (Past-president of MSMS 1974-1975).

Meyer Pensler, MD, died on May 31, 1998. He was 86. Doctor Pensler graduated from the Wayne State University School of Medicine in 1939, and practiced general surgery

in Farmington Hills. He was a veteran of WWII, where he served in the 82nd Airborne from 1942-45—he also received the Congressional Medal of Honor. Doctor Pensler was a member of the Wayne County Medical Society, Maimonides Medical Group, and a Fellow of the American College of Surgeons.



MSMS Honors Memory of Past President W. Peter McCabe, MD

MSMS Past President W. Peter McCabe, MD, 58, died Labor Day weekend in an auto accident while returning home from an East Coast vacation. Doctor McCabe served MSMS as chair of the Board of Directors from 1993 to 1995, and as the 131st president from 1996 to 1997.

Born and raised in Providence, Rhode Island, Doctor McCabe was a 1961 "cum laude" Harvard graduate, and received his MD degree from Cornell University. He served two years of a surgical residency at Boston City Hospital before joining the U.S. Army Medical Corps during the Vietnam buildup. He served in Vietnam in 1968, both in Saigon and at a MASH, where, during lulls in the fighting, he worked with Army surgeons operating on Vietnamese children with birth defects and traumatic deformities.

Doctor McCabe's Vietnam experience with burn injuries and cleft lip reconstruction directed his surgical interests into plastic surgery, and, in 1969, he came to Michigan for the balance of his general and plastic surgery training at Henry Ford Hospital and the University of Michigan. He also completed a fellowship in head and neck cancer reconstruction at St. George's Hospital in London, England.

Entering into practice in 1973, when the first of a series of malpractice crises was beginning, Doctor McCabe created an action group, the Physicians Crisis Committee, became an active member of the Wayne County Medical Society, which he served as president from 1985 to 1986, and focused on liability reform. Active in various tort reform campaigns, he championed the 182-day notice provision in the 1993-1994 reform.

Doctor McCabe was Chief of Plastic Surgery at Saint John Hospital in Detroit, clinical assistant professor of surgery at Wayne State School of Medicine, chair of the board of ProNational Insurance Company, a trustee of the University Liggett School in Grosse Pointe, and a past president of the Michigan Academy of Plastic Surgery and the Harvard Club of Eastern Michigan.

MSMS extends its deepest sympathies to Doctor McCabe's wife, Maureen, and their three children, Christopher, Michelle, and Brian. ■



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A Discussion of Topics Pertinent to Michigan Physicians

Physicians are concerned greatly with initiatives to allow advanced practice nurses to prescribe medication independent of physician supervision and legislation to further expand the scope of practice of optometrists in Michigan. What are your thoughts regarding these issues?

Proposals to increase the number of professionals able to prescribe medications must be studied very carefully. The potential for abuse and harm must be weighed against concerns about access to prescribers and efficient administration of medical practice. The current proposal with respect to nurse practitioners is undergoing detailed study but is not yet in a form that I can support. With respect to optometrists' use of diagnostic and topical therapeutic drugs, I believe the correct balance was struck. I am not aware of any additional changes to the optometric laws being sought at this time.

You were very supportive of the Michigan Patient Bill of Rights, which you signed in 1996. What is your opinion of legislation that would allow managed care organizations and other health plans to be held legally accountable for the coverage decisions that they make? What are your thoughts on other appropriate managed care reform initiatives?

I strongly supported Michigan's Patient Bill of Rights granting patients open access to information from managed care plans and appeals rights with respect to coverage decisions. I also supported Michigan's prohibition of "gag clauses" in contracts between physicians and managed care plans, and our emergency room law that puts physicians in charge of making treatment *and* coverage decisions for managed care enrollees who seek treatment on an urgent basis. I have proposed "continuity of care" legislation to assure a smooth transition from one physician to another of patient care when the patient's employer changes health plans and the treating physician is not part of the subsequent plan. Under my proposal, the subsequent health plan would have to continue coverage for 90 days with the original physician, or for the duration of a pregnancy. I do *not* favor lawsuit legislation as the remedy for patients to challenge managed care coverage decisions—lawsuits take too long, cost too much, and do more to enrich trial lawyers than they do to help patients. Alternative dispute resolution mechanisms similar to those in our Patient Bill of Rights are more efficient and beneficial to patient interests.

The Certificate of Need (CON) program limits an individual's ability to obtain certain surgical services at a significantly reduced cost due to the CON restrictions on outpatient surgical facilities. Do you believe it is appropriate to investigate appropriate CON reforms or even repeal the CON program?

The Certificate of Need (CON) program has a large employer based constituency that is strongly supportive of its cost-saving objectives, and an institutional constituency that strongly supports its limitations on market entry by competitors. The combination has made reform or repeal an extremely difficult proposition. In some cases, e.g., CT scanners, the technologies limited by the CON program have become quite standard and continued limits are not warranted. By law, the CON program is required to be reviewed every five years, and the time has come for this review to occur. Reviews are to include recommendations for reform and the justification, if any, for continuing the program.

Physicians in Michigan would like to reform Michigan's Physician Referral Law to enable physicians to compete

in today's medical-market place, and to provide patients with quality, low cost, health care services. What are your thoughts regarding these types of legislative changes?



I am well aware of the highly restrictive nature of Michigan law with respect to physician ownership and referral, particularly following the so-called *Indebaum* decision. I agree that appropriate protections can be put in place to prevent abuse without unduly restricting physicians' ability to compete in the new medical marketplace. At a minimum, Michigan law should be brought in line with the federal Stark I and II provisions for Medicaid and Medicare.

MSMS supports legislative initiatives that would eliminate tobacco company marketing toward young people and enable local units of government to implement regulations appropriate to their communities in order to limit or eliminate youth access to tobacco products. Would you support legislative initiatives that would accomplish these objectives?

I have supported tough anti-tobacco initiatives throughout my administration, including increasing Michigan's tobacco tax to one of the highest rates in the nation as part of Proposal A and our successful school finance reforms. Tobacco use has dropped dramatically as a result of the tax increase and aggressive efforts to educate Michigan youth on the dangers of tobacco use. I remain open to new proposals to further reduce tobacco use among Michigan youth, including severe limitations on billboard advertising.

MSMS strongly supports legislation that would create a primary enforcement seatbelt law. Please describe your thoughts regarding this legislation.

There is no question that seatbelts save lives. I agree with the MSMS and support the establishment of primary enforcement capability for law enforcement officers for seatbelt use—if we're going to have a law requiring seatbelt use on the books, then police officers need the tools to enforce it. As you know, it takes a majority of both houses of the legislature to make this policy a reality, and I look forward to working with the MSMS to make it happen.

Please describe any other issues or initiatives that you wish our members to be made aware of.

I wish to make MSMS members aware of the tremendous progress Michigan has made under my administration in improving the health status of our citizens and the number of citizens with health insurance coverage. Infant mortality is at its lowest rate in recorded history; immunizations are climbing dramatically, particularly with the implementation of Michigan's first of its kind statewide immunization registry; teen pregnancies are down to the lowest rate since 1980; tobacco sales to minors have decreased 69 percent and overall tobacco use is down 20 percent; and the full implementation of MIChild will extend comprehensive health insurance to virtually all Michigan children who are currently uninsured. Ours is a record of steady progress and success—help me to continue this record for Michigan's future by supporting me this November 3rd. ■

Specialists Prepare for the Future

Symposium Encourages Physicians to Stay Involved in Health Care Reform

By Tom O'Keefe

There is a common theme resounding today in the profession of medicine: the need for physicians to band together. This was the key message that was present in "The Future of the Health Care Reform" Symposium, which occurred in conjunction with the 30th Annual Michigan Ophthalmological Society Summer Meeting August 14-16.

The discussion contained an impressive panel including Nancy W. Dickey, MD, president of the American Medical Association (AMA), U.S. Rep. John Cooksey, MD, (R-Louisiana), and Cathy O. Blight, MD, president, MSMS. Also joining the discussion was Humphrey Taylor, lay-member trustee of the American Academy of Ophthalmology (AAO). The discussion was moderated by H. Dunbar Hoskins, Jr., MD, executive vice president of the AAO.

The Symposium took place at the Grand Hotel on Mackinac Island. Major issues discussed included recommendations for health care reform and health care costs. Symposium speakers addressed the vital need for physicians and patients to be involved in the decision making process concerning the changes in the health care arena. Keynote speakers, such as Doctor Dickey, Doctor Blight, Humphrey Taylor, and U.S. Rep. Cooksey, encouraged physicians to stay active in health care reform activities, to ensure that patients ultimately receive the best care possible.

The symposium left the 150 participants with a strong message that physicians must lead the charge to influence health care reform. Because of the public's unhappiness with the current system, a golden opportunity for physicians to contribute potential solutions and affect future health care policy is present.

For ophthalmologists, "The Future of the Health Care Reform" symposium was only a small part of a productive annual meeting. National scientific speakers included Richard Abbott, MD, cornea and external disease, Allen Putterman, MD, oculoplastic surgery, and J. James Rowsey, MD, refractive surgery. "We had

Because of the public's unhappiness with the current system, a golden opportunity for physicians to contribute potential solutions and affect future health care policy is present.



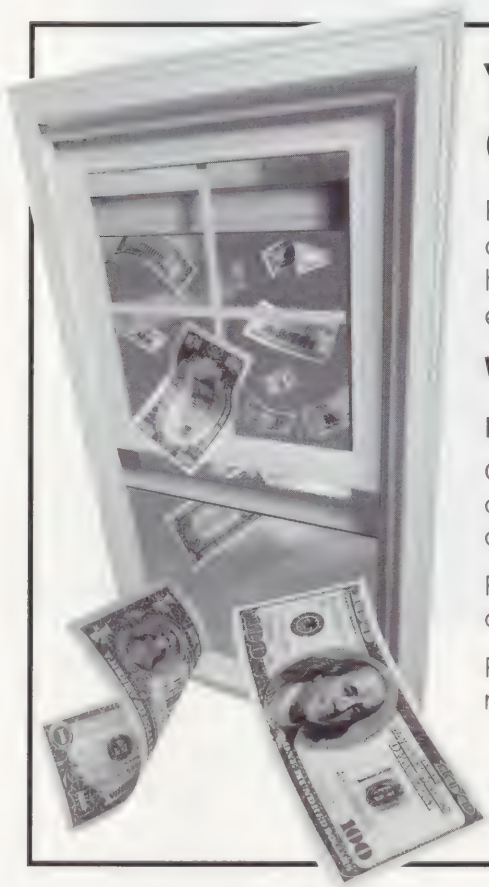
(from left to right) Paul Fecko, MD; Nancy W. Dickey, MD; and Philip Hessburg, MD, Summer Conference planning committee chair meet at the 30th Annual Michigan Ophthalmological Society Summer Meeting.

a wonderful national draw of attendees from over 13 states to the scientific portions of the program," said John Roarty, MD, MOS program chair. "However, it was the 20 local speakers who helped round out the program." Adjunct courses in dry eyes, evaluation and management coding, Internet courses, and a live Erbium laser course completed the curriculum.

"It was wonderful to see so many families of ophthalmologists, including so many young physicians, on the Island." said Paul Fecko, MD, MOS president. "It lends credence to the future of our profession and our specialty to see such good participation at our local meetings." With over 350 total participants, and over 30 sponsors and underwriters for this meeting, the MOS is excited for next year's 31st Annual Meeting, which will occur August 12-15, 1999, at the Grand Hotel. "By attending meetings such as these, we can co-opt loyalty and enthusiasm for our profession," said Cathy Blight, MD. "With active participation in our specialty societies, we recognize the importance that each society plays in the bigger picture of organized medicine."

For more information on the 1999 MOS 31st Annual Summer Conference, contact Tom O'Keefe, MOS executive director at (517) 333-8279 or tomo@msms.org. ■

The author is MOS executive director.



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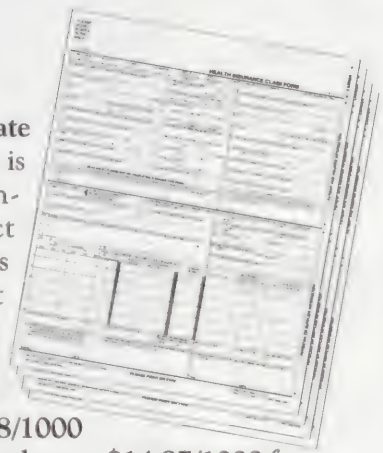
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2, Anesthesia: Supervision of Nurse Anesthetists, Fraud and Abuse. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI, 5:30-8:00 p.m. **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or pgalloway@msms.org.

4, MPMLC Physician Risk Management Educational Seminar: "Profiles of the Impossible Patient" **Location:** TBA, Ann Arbor, MI, 5:30-8:00 p.m. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

5, MSMS/MPMLC Physician Risk Management Educational Seminar: "Research Update: Shared Decision Making." **Location:** Sterling Inn, Macomb County/Warren, 6:00 – 8:00 p.m. (5:30 Registration & food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

10, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." **Location:** Fetzger Center Kalamazoo, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Program. **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

12, MPMLC Physician Risk Management Educational Seminar: "Just What Do They Expect." **Location:** TBA, Flint, MI, 5:30 – 6:00 p.m. Registration, 6:00 – 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

12, MSMS/MPMLC Physician Risk Management Educational Seminar: "Medical Management in a Managed Care Environment." **Location:** Holiday Inn Airport East, Kent County/Grand Rapids, 6:00 – 8:00 p.m. (5:30 Registration and food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

18, MSMS Board of Directors Meeting. **Location:** MSMS Headquarters, East Lansing, MI, 10:00 a.m.- 5:00 p.m. **Contact:** Irene Frost at MSMS at (517) 336-5734, or at jfrost@msms.org.

18, MSMS/MPMLC Physician Risk Management Educational Seminar: "Medical Management in a Managed Care Environment." **Location:** Health Education Center at St. Mary's Medical Center, Saginaw County/Saginaw, 6:00 – 8:00 p.m. (5:30 Registration and food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

19, MSMS/MPMLC Risk Management Presents: "Ophthalmology: Fraud and Abuse Issues." **Location:** West Inn – Southfield, 5:00- 7:00 p.m. Board Members, 7:00 p.m. dinner is served, 7:30 – 9:30 Speaker. **Contact:** Tom O'Keefe at MSMS at (517) 336-7589, or tokeefe@msms.org.

19, MPMLC Physician Risk Management Educational Seminar: "Update 2000." **Location:** TBA, Grand Rapids, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

19, MSMS/MPMLC Physician Risk Management Educational Seminar: "Medical Management in a Managed Care Environment." **Location:** Management Education Center Oakland County/Troy, MI, 6:00 – 8:00 p.m. (5:30 Registration and food). **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org

December

1, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." **Location:** TBA, Southfield, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

3, MSMS Committee on CME Accreditation. **Location:** MSMS Headquarters, East Lansing, MI, 1:30 - 4:30 p.m. **Contact:** Sarah Cressman at MSMS at (517) 336-5727, or scressman@msms.org.

8, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." **Location:** Battle Creek Health Systems, Battle Creek, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Program. **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

9, MPMLC Physician Risk Management Educational Seminar: "Update 2000." **Location:** TBA, Lansing, MI,

5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

16, MSMS Committee on CME Programing. **Location:** MSMS Headquarters, East Lansing, MI, 3:00 - 5:30 p.m. **Contact:** Sarah Cressman at MSMS at (517) 336-5727, or scressman@msms.org.

MICHIGAN SPECIALTY SOCIETY MEETINGS

November

11, Michigan Section, American College of Obstetrics and Gynecology. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI, 2:00 – 5:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571.

December

4, Michigan Society of Respiratory Care. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI 9:30 a.m.-3:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571, or dreha@msms.org.

4, Michigan Society of Respiratory Care—Diagnostic Section Meeting. **Location:** MSMS Headquarters, Johnson Room, East Lansing, MI 1:30-4:00 p.m. **Contact:** Dawn Reha at MSMS at (517) 336-7571, or dreha@msms.org.

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NOVEMBER

3 & 10, Bar-Levav Educational Association Ongoing Seminar Series "Changing Psychotherapists: Challenging the Boundaries of the Self." Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

4-6, Ultrasound in Obstetrics and Gynecology with Transvaginal Sonography Option. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

6-8, Neurology for the Non-Neurologist. Location: Boca Raton Resort, Boca Raton, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

6-8, Clinical Endocrinology for Primary Care Physicians. Location: Buena Vista Palace, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

12-14, Advances in Psychiatry X: 1998. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

12-14, Dermatology for the Non-Dermatologist. Location: Westin Resort, Los Cabos, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

17 & 24, Bar-Levav Educational Association Ongoing Seminar Series "Upsides and Downsides to Antidepressant Use in Intensive Psychotherapy." Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

19-21, Coronary Heart Disease Update. Location: Westin Resort, St. John, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Arrythmias: Interpretation, Diagnosis & Management. Location: Hyatt Regency, Aruba. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

20-22, Managing Respiratory Diseases. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

DECEMBER

3-4, The 7th Annual Primary Health Care of Women. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

3-5, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

4-6, Coronary Heart Disease Update. Location: Marriott Marquis, New York, NY. **Contact:** Linda Main, Meetings Coordinator, Medi-

cal Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits

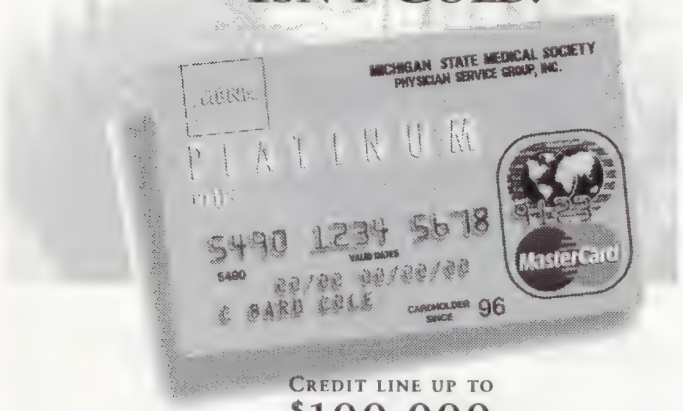
8 & 15, Bar-Levav Educational Association Ongoing Seminar Series "Sexual Fantasies in Psychotherapy: Newer Perspectives." Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

10-12, Managing Respiratory Diseases. Location: Atlantis Paradise Resort, Bahamas. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-13, Arrythmias: Interpretation, Diagnosis & Management. Location: Marriott Casa Marina, Key West, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-13, Clinical Endocrinology for Primary Care Physicians. Location: The Phoenician, Scottsdale, AZ **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

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continued from page 15

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Looking Ahead

Coming off of the major accomplishment of earning NCQA certification, PCVS has not rested on its laurels. In fact, it is already focusing on CVO accreditation from Commission/URAC, who announced a new program this spring. And with more technological advancement and capabilities, PCVS plans to expand its client base, targeting MCOs. "The work is not done yet," said Jannereth. "We are involved in a ongoing process, and we plan to keep setting and achieving new goals as required to meet client needs and maintain certification and accreditation."

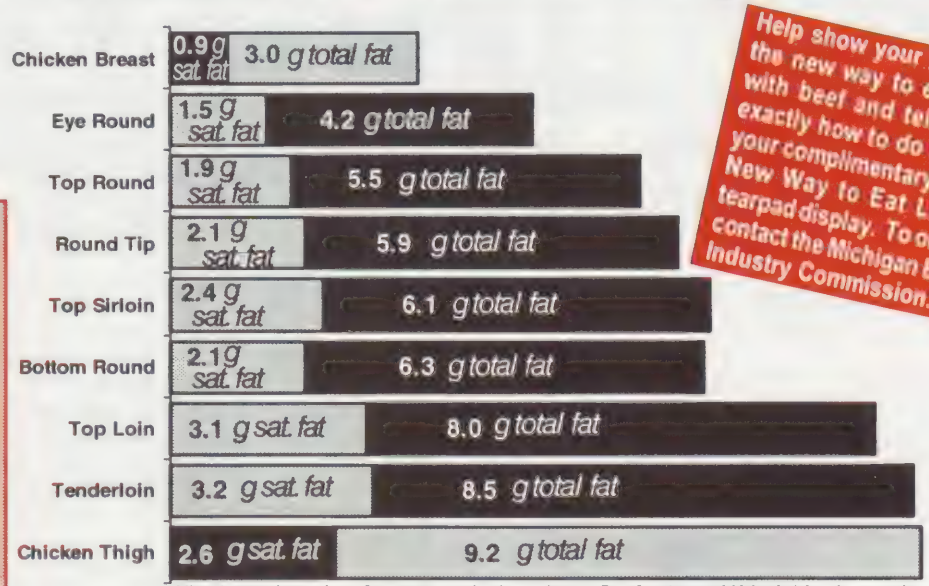
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The author is a communications specialist with MSMS.

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"The Silly Season"

By Cathy O. Blight, MD

MSMS President

November through April in Florida is sometimes affectionately known by year 'round residents as the "silly season," that time when tourists/northerners invade the state, clogging roads, shops, and restaurants. In Michigan, some think the "silly season" is the week before the UM/MSU football game, while for others, it denotes the biennial campaign cycle. This year, in Michigan, however, the "silly season" could turn deadly serious, for this year, much is at stake for the profession, as well as individual physicians and their patients.

Time of Great Change

As a term-limit state, Michigan is facing a dramatic turnover at the state capitol, with 60-some new faces appearing in the legislature. Although the Governor's race is between two attorneys, one of them has made his name as a malpractice plaintiff's attorney, as well as Jack Kevorkian's lawyer. A ballot proposal legalizing assisted suicide has brought that debate out of the legislative process and before the voters. And the entire tenor of the Michigan Supreme Court may be changed at a time when legal challenges to our tort reform legislation will come before that body.

Clearly, this year, complacency or a distaste for the political process has no place in our lives. If we are concerned about our patients and our profession, we MUST get involved.

While some of us love the activities surrounding the campaigns and are willing to devote time and energy to them, there are myriad ways for all of us to be involved without a great deal of time, effort, or money. Michigan Doctors Political Action Committee (MDPAC) holds candidate interviews around the state. Attending these may take an evening, but can acquaint us with candidates who share similar views on many subjects and physicians are needed to critically examine candidate responses. Then, if you find someone whom you would like to support, attend a fundraiser or put up a yard sign.

"Clearly, this year, complacency or a distaste for the political process has no place in our lives."

Know the Issues

Become conversant with all aspects of the ballot proposal. Read carefully the article about it in this month's *Michigan Medicine* (pg.11), and other literature that MSMS will be publishing so you can thoughtfully and knowledgeably answer your friends' and patients' questions. But, if you do nothing else this campaign season, become involved in the Supreme Court race. Justice Cliff Taylor is running for re-election, and Judge Maura Corrigan is running for election to an open seat. These two judges are the types of thoughtful, considered judges we need on the Court. The trial attorneys are putting significant amounts of time and money into the campaigns of Justice Taylor's and Judge Corrigan's opponents. If we care about the tort reform legislation, we must ensure that Justice Taylor and Judge Corrigan get elected.

Become Involved

I challenge you to take 10 minutes, right now, to do two things. FIRST, write out a check for $100 to each campaign, Taylor for Justice and Corrigan for Justice. Mail them either to me at MSMS or Matt Hedberg at MDPAC and we will see that they are delivered.

If 5000 of us (or roughly one half of our active members) does this, besides the sizeable amount infused into each campaign, we would send a strong message to the legal profession that we will no longer sit idly by while the Trial Bar finances judges who will dismantle legislation of medical interest.

SECOND, put a message on your answering machine. When you call my home you will hear, "Hi this is Cathy Blight. I'm supporting Taylor and Corrigan for the Supreme Court. That's my message, now leave yours." This is a simple thing that heightens the awareness of friends to elections and candidates that often get overlooked or ignored.

Oh . . . , one other thing. Make sure you and your family are registered and VOTE. If we, as physicians, don't get involved this year, in these elections, the "silly season" could last a long time. And to paraphrase Plato, it could be our punishment, as wise people, to live under the government of unwise people. ■



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CHANGE

"Change is inevitable. Change is constant."

Benjamin Disraeli, *English statesman*

"People do not change with the times, they change the times."

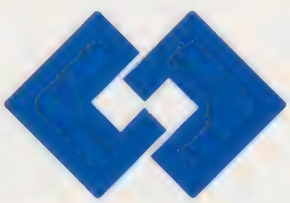
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"We need change to go forward or we fall behind. Standing still is not an option."

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COVER STORY



The Many Faces of Membership 24

One of the reasons MSMS has been so influential and successful is because of the involvement of its members. By listening to, and anticipating physicians' needs, high quality services and programs have been developed to assist them both personally and professionally. New members, and those who have been around for awhile, will discover the wide evolving menu of services MSMS provides for your practice and your everyday life.

By Kathleen Farrell

Cover design by Kim Kauffman

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
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Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

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MSMS-Designed Holding Company

Meeting Physicians' Urgent Business Needs

By Ralph D. Ward

While public stands taken by a major state association such as MSMS grab the head lines, it's the less glamorous tasks, like offering quality, cost-effective member benefits that really draw membership.

MSMS has taken this lesson to heart in designing its wholly owned subsidiary, the Physician Holding Company (PHC), and in turn PHC's operating subsidiaries that meet physicians' most urgent business needs.

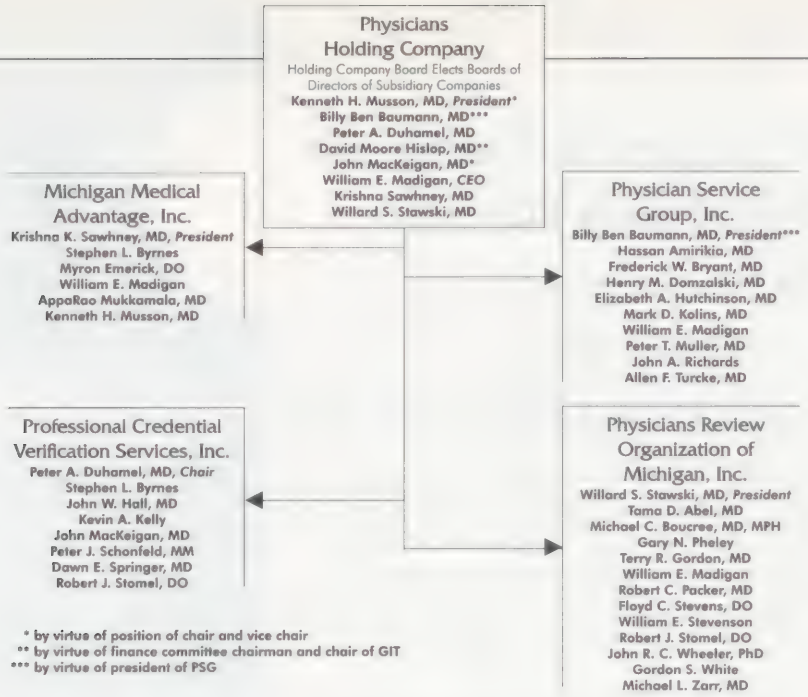
The roots of the PHC structure go back to the 1970s, and the needs of MSMS members for quality, affordable member programs. Group-insurance programs were an early offering, with MSMS one of the first state societies in the nation to provide insurer services to members. This was followed by endorsed products and services, review services, and Society publishing programs.

By the end of the 1980s, the growth and success of these services, plus changes in tax policy and legal exposure, prompted MSMS leadership to reconsider how they should be organized. "To take advantage of the tax laws of the time, we put all the subsidiaries under a holding company arrangement," recalls MSMS Executive Director and CEO of PHC William E. Madigan. The Physician Holding Company was created as a for-profit entity, legally distinct from MSMS, but overseen by trustees elected by the MSMS Board of Directors. Under this PHC umbrella are four other major subsidiaries.

- **Michigan Medical Advantage** offers management services to MSMS members, including utilization review, PO/PHO management, practice evaluation and consulting, contract review, and managed care review programs.
- **Physician Service Group** oversees the many endorsed product and discount programs negotiated for MSMS members, concentrating on companies with strong financial history and ability to meet the specific needs of physicians. Airtouch Cellular (cellular telephone service), Physician Leasing Company (auto sales and leases), Discount Magazine Subscription Service, and Comerica Bankcard Processing are a few of the products that offer member savings. The discount programs are highly popular. American Business Forms, another service provider, sells its discounted business forms to MSMS members by the rail carload, almost two million in 1997 alone.
- **Professional Credential Verification Service** verifies the credentials of licensed health care professionals in accordance with NCQA and JCAHO standards, working with professionals both in Michigan and regionally.
- **Physicians Review Organization of Michigan** (PROM) works with 120 board-certified physicians in the state to offer peer review of services, primarily reimbursement disputes over hospital care. Quality of care reviews also are conducted. PROM is now offering its services outside of Michigan as well.

The Group Insurance Trust (GIT) also functions as a separate legal entity in which MSMS has no ownership. It serves as a legal trust fund for MSMS members' various insurance plans.

The overall result is a sophisticated business structure that can deliver real savings for MSMS members. "Through our affiliated companies, we're able to consolidate purchasing and marketing, and provide services to our members that are seen as a value," says Kenneth Musson, MD, president and chair of the PHC board. "And, as an added payoff, we're making more efficient use of our overall resources, reducing our operating expenses. It's kind of a double benefit to both our members and the organization."



The PHC structure also offers "a sophisticated tax strategy for dealing with revenues," according to John Richards, MSMS general manager of Subsidiary Operations. When PHC was launched a decade ago, the holding company structure allowed consolidated taxes between the subsidiaries, smoothing out tax liabilities, among other benefits. Recent tax law changes have eroded some of the tax advantages, "but not all of them," says Madigan. "There are still definite advantages to aggregation."

One of these is strong oversight by a board of MSMS-member physicians. PHC has an eight-member board of directors elected by the society's own governing board. PHC Board President Doctor Musson leads a board that includes Executive Director William E. Madigan and the physicians who head boards at each of the PHC subsidiary groups. This close oversight by MSMS members not only focuses PHC priorities firmly on physician needs, but also keeps PHC from making any "misalliances," such as the recent blowup involving the AMA's endorsement of Sunbeam products. "[The AMA] had a significant grassroots upheaval along these lines," observes Richards, "not for what they did, but for how they did it. The [Sunbeam] relationship was something the constituents didn't agree with, and they took offense–that couldn't happen in Michigan."

Still, the greatest benefits that PHC offers to members are counted in dollars and cents. PHC subsidiaries are able to act as a "general store" for the unique needs of state physicians, serving up everything from insurance, to office staff, to forms. Better still, the PHC structure provides group buying and bargaining power, so these products and services are priced at highly competitive prices. "We have to be competitive for members," notes Madigan. "We can't be in the marketplace with high prices or shoddy or untimely products. We have to be there for them and their needs."

The profitability of PHC operations provides a further payoff to both MSMS operations and Society members keeping dues down. "We could survive without PHC, but we wouldn't be as cost effective," observes Billy Ben Baumann, MD, president of the Physician Service Group (PSG) and treasurer of the MSMS Board. "It's the core of our structure for creating non-dues revenues."

The future for such a client-driven system as PSG is hard to predict, but the leadership sees even greater expansion of services over the horizon. "We're always looking for the right spot to add products and services," says Madigan, who predicts more offerings for affiliated specialty societies. PHC already has contracts to provide support to the Michigan branch of the American Academy of Dermatology among others. Plans for a joint venture with a major medical office temporary staff supplier are also in the works.

"There aren't many state societies that offer as sophisticated an arrangement as we have," concludes Doctor Baumann. "Ours has been very successful, and it's worked well for us." ■

The author is a Riverdale-based freelance writer.

"There aren't many state societies that offer as sophisticated an arrangement as we have."

Billy Ben Baumann, MD



Minors: Consent to Treatment and Informing Parents

By Richard D. Weber, JD

MSMS legal counsel

Question: I am not a pediatrician but I do treat a number of adolescent youngsters and teenagers. I always have attempted to obtain parental consent before treating minors, but I do realize that there are some exceptions. What are these exceptions? Can I provide the parents with the information related to the care provided to the minor pursuant to an exception to parental consent?

Answer:

The general rule requires the consent of a parent or guardian before a physician may treat an unemancipated minor. A "minor" is a person under 18 years of age. Even if the patient is under 18, a physician may rely on consent given by an emancipated minor. "Emancipation" means termination of parental rights to the custody, control, services, and earnings of a minor. An emancipated minor has the right to authorize his or her own health care without parental knowledge or consent. Emancipation may occur by operation of law or by court order. Emancipation automatically occurs by operation of law under the following circumstances: (a) marriage; (b) reaching 18 years of age; (c) serving on active duty with the U.S. military; (d) when in police custody and the minor's parent or guardian cannot be promptly located, with respect to routine, non-surgical medical care or emergency treatment; (e) with respect to preventative heath care or medical care, including surgery or mental health care, when the minor is a state prisoner or probationer residing in a special incarceration unit, if a parent or guardian cannot be promptly located.

The following sets forth exceptions to the general rule that an unemancipated minor may not consent to treatment:

- **Emergency Care:** Consent is implied when an emergency procedure is required, and there is no opportunity to obtain actual consent.
- **Pregnancy/Prenatal Care:** A minor may consent to the provision of prenatal or pregnancy related health care or to the provision of health care for the minor's child. The consent of any other person, including a parent, guardian, or putative father of the child is not necessary to authorize such care. Before providing such health care, the physician must inform the minor that the putative father of the child or minor's spouse, parent or guardian may be notified of the health care given or needed.
- **Abortion:** Except in cases of a medical emergency, an abortion may not be performed on a minor without first obtaining the written consent of the minor and one of the parents or legal guardian, unless the Probate Court issues an order waiving parental consent.
- **Venereal Disease/HIV:** Consent by a minor who professes to be inflicted with a venereal disease or HIV is valid and binding. The consent of any other person, including a spouse, parent, or guardian, is not necessary.
- **Substance Abuse:** Consent of a minor who professes to be a substance abuser is valid and binding and the consent of any other person is not necessary.
- **Mental Health:** A minor 14 years of age or older may consent to mental care services on an out-patient basis without parental consent or knowledge.

A physician may, but is not obligated to, disclose information to the parent or legal guardian of an unemancipated minor with respect to health care given, needed or withheld in the areas of pregnancy/prenatal care, venereal disease/HIV and substance abuse. Information may be given in these instances without the consent of the minor and notwithstanding the minor's objection.

With respect to mental health, a parent or legal guardian cannot be informed without the minor's consent, unless the physician determines that there is a compelling need for disclosure based on the substantial probability of harm to the minor or to other persons and if the minor is notified of the physician's intent to inform the parent or guardian.

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

Michigan State Medical Society

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A physician is required to disclose information concerning care provided to an unemancipated minor in an emergency situation.

- **Pregnancy/Prenatal Care:** For medical reasons, the treating physician may, but is not obligated to, inform the parents or legal guardian of the health care given or needed. The information may be given to or withheld from these persons without consent of the minor and notwithstanding the minor's objection.
- **Venereal Disease/HIV:** For medical reasons, a treating physician may, but is not obligated to, inform the spouse, parent, or guardian as to treatment given or needed to a minor for venereal disease or HIV. The information may be given to or withheld from these persons without the minor's consent and over the minor's objection to the providing of the information.
- **Substance Abuse**: For medical reasons, the treating physician may, but is not obligated to, inform the spouse, parent or guardian as to substance abuse treatment. Information may be given to or withheld from these persons without the minor's consent and over the minor's objection.
- **Mental Health:** A parent or guardian cannot be informed of mental health services without the minor's consent, unless the physician determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to other persons, and if the minor is notified of the physician's intent to inform the parent or guardian.
- **Emergencies:** A physician is required to disclose information concerning care provided in an emergency. ■

The author is senior partner with Kerr, Russell & Weber, Detroit.

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NEWSMAKERS

Joseph Weiss, MD, recently was awarded the 1998 Michigan Laureate Award from the Michigan Chapter of the American College of Physicians. The award honors his long-standing and loyal support and distinguished service to the American College of Physicians.



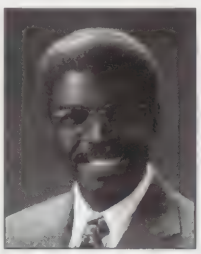
Susan Schooley, MD, chair of the department of Family Practice for Henry Ford Health System, recently was appointed to serve as an alternate representative on a national residency review committee on behalf of the American Medical Association. She will serve a two-year term on the Residency Review Committee for Family Practice, which is part of the Accreditation Council for Graduate Medical Education.

William A. Conway, Jr., MD, a Birmingham internist and vice chair of the Henry Ford Medical Group at Henry Ford Health System (HFHS), was elected president of the American Medical Group Association. Doctor Conway also is the chief medical officer for HFHS in the Detroit region and he is a member of the HFHS Office of the President.



Charles S. Winslow, MD, a Grand Rapids pediatrician, recently was named medical director of Saint Mary's Hospital's Level III Neonatal Intensive Care Unit. Doctor Winslow has over 16 years of neonatal experience and is certified in pediatrics and neonatal-perinatal medicine.

Samual R. Dismond Jr., MD, a Flint family practitioner and chief of staff at Hurley Medical Center, recently was appointed to the Hurley Medical Center Board of Managers. In addition, Doctor Dismond was selected as Family Physician of the Year by the American Academy of Family Physicians. This prestigious award honors one outstanding physician who epitomizes the ideals and high standards of family practice. Doctor Dismond was selected from a field of nominees from across the country.



Apparao Mukkamala, MD, recently was appointed to the Hurley Medical Center's Board of Managers. Doctor Mukkamala is a Flint radiologist as well as chair of the department of Radiology at Hurley Medical Center. He also serves on the MSMS Board of Directors.



David J. Lieberman, MD, MPH, was awarded the Roy R. Manty award, which is the highest honor bestowed by the Michigan Association for Local Public Health. Doctor Liebermann recently retired as director of the Monroe County Health Department. The award is presented annually to a person who exemplifies the values, dedication, and the spirit that Mr. Manty brought to public health in a 30-year career of public service.

Blanche Mindlin, MSMS Alliance past president, recently was appointed to the State Bar of Michigan's Judicial Campaign Ethics Committee. This committee is designed to review print and media advertising by judicial candidates, insuring that judicial candidates have not violated ethics rules during the campaign. This voluntary panel, comprised of lawyers and non-lawyers, will guarantee the highest level of ethical conduct during the campaign process, and enhance the public's respect for the legal profession.



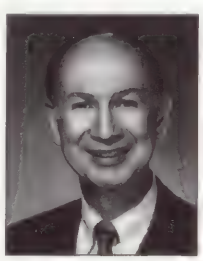
J. David Faichney, MD, FACP, recently was welcomed as director for the Center for Diabetes and Endocrinology at Saint Mary's Health Services. Doctor Faichney, a Detroit internist, was previously senior staff physician at Henry Ford hospital for nearly 17 years, and clinical assistant

professor at the University of Michigan Medical School.

Michelle Z. Schreiber, MD, a Canton internist, recently was appointed associate medical director of Henry Ford Health System's Detroit region, as well as physician-in-charge of Henry Ford Medical Center—Pierson Clinic in Grosse Pointe Farms. Previously she served as director of ambulatory care education in the department of Medicine and as associate director of the Internal Medicine Residency Program at Henry Ford Hosptial.

Larry Lloyd, MD, recently was named president of the Michigan Chapter of the American College of Surgeons. Doctor Lloyd is a Detroit general surgeon and chief of the department of Surgery at St. John Hospital and Medical Center.

John Papp, MD, a Grand Rapids gastroenterologist, has become the second West Michigan physician to receive the American College of Physicians Laureate Award. The Michigan Chapter of the American College of Physicians—American Society of Internal Medicine honors Doctor Papp with this award for his demonstration of excellence in medical care, education, research, and service to his community. Doctor Papp currently is the deputy governor of the Michigan Chapter of the American College of Physicians—American Society of Internal Medicine.



Eduardo Phillips, MD, recently was named Northwest Region Director of Medical Affairs for Sinai Hospital. Doctor Phillips is a Detroit general surgeon and chief of Surgery at Sinai Hospital.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

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Renato G. Albaran, MD, *Rochester*
Muhun Anwar, *Bloomfield Hills*
Corbin C. Asbury, MD, *Kalamazoo*
Majda Asso Arafat, MD, *Troy*
Yassir A. Attalla, MD, *Wyandotte*
Walter C. Averill, MD, *Freeland*
Ronald A. Backus, MD, *Hermansville*
Sharlene Bailey, MD, *Detroit*
Thomas J.W. Bering, MD, *Sterling Heights*
Kevin J. Bohnsack, MD, *Marquette*
John W. Bonnett, MD, *Dearborn*
Julia Borniva, MD, *Detroit*
Burton S. Brodsky, MD, *Berkley*
Heidi K. Burkard, MD, *Royal Oak*
John A. Campbell, MD, *Commerce Township*
Shobha S. Chandra, MD, *Clarkston*
Robert A. Chang, MD, *Mt Clemens*
Karen L. Chapel, MD, *Dearborn*
Michael L. Cher, MD, *Detroit*
Raechele Cochran, MD, *Detroit*
Lewis Cohen, MD, *Huntington Wds*
Shauna M. Diggs, MD, *Detroit*
R. Scott Dingeman, MD, *Grosse Pointe Farms*
Alan B. Douglass, MD, *Ann Arbor*
Jesse Duranceau, MD, *Kalamazoo*
Mohammed A. Edwards, MD, *Troy*
Douglas D. Eitzman, MD, *Flint*
Nancy Esper, MD, *Flint*
Jamal D. Farham, MD, *Flint*
Rodolfe David Farhy, MD, *Warren*
Steven W. Fite, MD, *Clinton Township*
Walid W. Freij, MD, *Taylor*
Harold Z. Friedman, MD, *Bloomfield Hills*
Igor Gaisinsky, *Windor, Ontario*
Timothy S. Gatz, MD, *Portage*
Margie A. Gerena, MD, *Detroit*
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Donald J. Hardman, MD, *Grand Blanc*
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Russell G. Hug, MD, *Berkley*
Walter R. Hunter, MD, *Southfield*
Victoria A. Jakel, MD, *Norway*
Michael J. Johnston, MD, *Lansing*
George L. Jordan, DO, *Detroit*
Jose Mari Q. Jota, MD, *Grand Blanc*
Irving Kernis, DO, *West Bloomfield*
Dale L. Kessler, MD, *Grand Rapids*
Keith A. Kobet, MD, *Canton*

Philip D. Kondylis, MD, *St Clair Shores*
Pei Ann Kong, MD, *Detroit*
Alisa Koopman, DO, *Farmington Hills*
Glenn D. Krieger, MD, *Southfield*
Barbara M. Kuczynski, MD, *Southfield*
Victoria H. Langsam, MD, *Southfield*
Sanford Lax, MD, *Royal Oak*
R. Sean Lenahan, MD, *Dearborn*
Nancy F. Mansour, MD, *Grand Blanc*
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Matthew H. Marcarian, MD, *Dearborn Heights*
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Terrence C. Wong, MD, *Auburn Hills*
Dwight W. Wood, MD, *Ludington*
Donza T. Worden, MD, *Drummond Island*
Kamala A. Wright, MD, *Dearborn*
Kou K. Yang, MD

OBITUARIES

Theodore L. Bash, MD, died on March 23, 1998. He was 77. Doctor Bash graduated from the New York State University at Buffalo Medical School in 1951. He served the Bark River community as a general practitioner for over 34 years. Doctor Bash was a member of the Medical Societies of the United States and Mexico, Delta County Medical Society, and MSMS.

Paul Joseph Connolly, MD, died on June 22, 1998. He was 82. Doctor Connolly graduated from the University of Michigan Medical School in 1940, and later was a gastroenterologist and surgeon in Detroit. He was a clinical associate professor of surgery at Wayne State Medical College. Doctor Connolly was a member of the Detroit Academy of Surgery (past president), the Detroit Surgical Society, Detroit Gastroenterology Society, the American College of Gastroenterology (past governor), the American Board of Surgery, the American College of Surgeons, Detroit Academy of Medicine, Wayne County Medical Society, and MSMS.

Arvin Bennish, MD, died on July 19, 1998. He was 67. Doctor Bennish graduated from the University of Michigan Medical School in 1954. A cardiologist from Bloomfield Hills, Doctor Bennish was a member of the American Heart Association, the Oakland County Medical Society, and MSMS.

Maynard Conrad, MD, died on July 12, 1998. He was 84. Doctor Conrad, an orthopaedic surgeon from Kalamazoo, graduated from Northwestern University School of Medicine. He was a member of the Kalamazoo Academy of Medicine and MSMS.

Max L. Durfee, MD, died on June 21, 1998. He was 92. Doctor Durfee, an Ann Arbor general practitioner,

was a graduate of the University of Michigan Medical School. He was a member of the American College Health Association, Washtenaw County Medical Society, and MSMS.

Brian L. Ortman, MD, died on July 8, 1998. He was 43. Doctor Ortman graduated from the University of Oklahoma Medical School in 1982 and went on to practice orthopaedic surgery in Flushing. He was a member of the Genesee County Medical Society and MSMS.

Maurice J. Smith, MD, died on July 6, 1998. He was 87. Doctor Smith, a Flint general practitioner, graduated from the Wayne State University School of Medicine in 1939. During WWII He served in the Army from 1942-46. Doctor Smith was a member of the Genesee County Medical Society and MSMS.

John R. Birmingham, MD, died in August of 1998. He was 82. A pediatrician form West Bloomfield, Doctor Birmingham graduated from Johns Hopkins University Medical School in 1943. He was a member of the American Academy of Pediatrics, Oakland County Medical Society, and MSMS.

Lenna V. Dines, DO, died on August 13, 1998. She was 56. Doctor Dines graduated from the Kirksville College of Osteopathic Medicine in 1970. She practiced general surgery in Clinton Township, and was a member of the Macomb County Medical Society, the AMA, and MSMS.

Wililam J. Jones, MD, PhD, an Allen Park pediatrician, died on August 23, 1998. He was 84. Doctor Jones graduated from Syracuse University School of Medicine. He was an avid pilot and used this hobby to serve as senior medical examiner for the Federal Aviation Administration. Doctor Jones was a member of the National Kidney Foundation—where he served two terms as president, the Flying Physicians Association, Wayne County Medical Society, and MSMS.

Clarence S. Livingood, MD, died on July 27, 1998. He was 86. Doctor Livingood graduated from the University of Pennsylvania School of Medicine. He served in the U.S. Army Medical Corps during WWII, where he co-wrote the Army's official *Manual of Dermatology.* Doctor Livingood was the founder of Ford Hospital's Department of Dermatology, as well as the team physician for the Detroit Tigers for 30 years. He was a member of the American Academy of Dermatology (past president), the Wayne County Medical Society, AMA, and MSMS. ■



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- Starts missing appointments, submits work late or with unacceptable errors on an increasing basis;
- Seems to be withdrawing more both personally and professionally;
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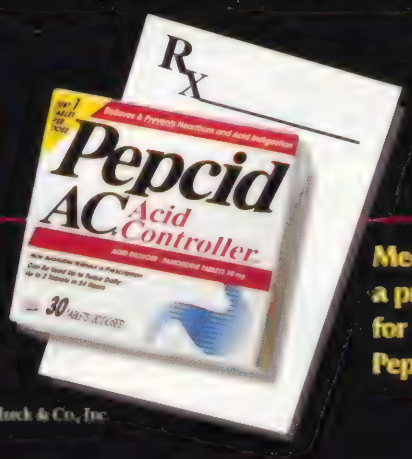
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The Hospice Alternative

Promoting Dignity at the End of Life

By Holly Spence Sasso

Physicians are trained to fight disease and death, to diagnose and cure, to prolong life. "Bringing up the terminal state of an illness can be difficult," according to Hospice of Lansing Medical Director and MSMS Member Fred Isaacs, MD. "Many patients are not willing to give up the 'patient/doctor dance, and physicians confront intense emotional issues when they have to look at a patient and say 'Your condition is not curable.' Sadly," Doctor Isaacs continued, "some physicians interpret the terminal state of an illness as a reflection of their personal failure."

Michigan Hospice is a Lansing-based organization established to promote quality of life at the end of life. "The decision of how to die should belong to the patient and the patient's family, by extension. An illness may not be curable," Doctor Isaacs explained, "but the symptoms can be treated. Unpleasant symptoms can be controlled, and depression and anxiety can be alleviated with palliative treatment.

Improving Quality of Life

Palliative medicine is an approach to treating chronic and terminal illness that developed during the last 10 years, according to Doctor Isaacs. The Academy of Palliative and Hospice Medicine defines palliative care as "treatment for people who have chronic illness." According to Doctor Isaacs, sometimes patients can improve significantly once the stress and anxiety of extensive, invasive treatments cease. Patients can attend to living the last days of their lives with dignity. "One heart patient I had lived six months longer than we anticipated. His condition improved after the hospice decision was made, and he never returned to the hospital. His quality of life was good," Doctor Isaacs said.

"Physicians should realize that a hospice referral is not a signal that they are 'giving up,' stressed Doctor Isaacs. "Often, patients are robbed of good days because of this perception. Intensive therapy leaves them feeling sick instead of enjoying quality days. Hospice should be viewed as a continuation of care, and patients should have the right to choose this option. A great amount of quality care that can be given after the hospice decision is made."

As Hospice of Lansing Director, Doctor Isaacs meets with hospice teams regularly, usually weekly. "The hospice team approach alleviates the stress associated with circumstances surrounding a dying patient," Doctor Isaacs said. "In ideal circumstances, the attending physician remains with the patient as the primary caregiver, and consults regularly with the hospice team." When a patient's physician chooses to be involved as part of the hospice team, the physician's primary responsibility shifts to managing the patient's pain and promoting comfort — palliative care. In his hospice role, Doctor Isaacs advises attending physicians and is available to "step in" if a physician chooses to drop out.

The Team Approach

Social workers, a pastoral counselor, nurses, and additional home health care workers comprise the hospice team. "The key to success at hospice is the team concept." Doctor Isaacs explained. "It provides much greater support than any one discipline ever could provide. It takes the physician and all the hospice staff to deliver quality of life at this time."

To access hospice services, a physician begins by contacting the Michigan Hospice Organization to collect information about hospice services in a given community. After thoroughly

studying hospice procedure, the physician and patient should have an honest discussion about care and treatment options. Once the patient and family are educated about and choose the hospice alternative, the patient's case is turned over to a local hospice team.

"Covering up a terminal diagnosis with fancy language or "medicalese" is not helpful to the patient," Doctor Isaacs warned. "People often will behave differently once they realize they are in the dying process. They feel relief about finally being in control to begin the closure process. Physicians do best by being gentle, listening to patient and family concerns, and assuring their patient that they will not be abandoned. The hospice team works hard to make sure that people aren't alone in the dying process."

"Above all, hospice means optimizing life at the end of life. Hospice is not interested in prolonging the dying process," said Doctor Isaacs, whose practice has focused on geriatrics. "My interest in hospice is somewhat a reaction to the assisted suicide issue. I don't feel that it is right for a doctor to help a patient take his or her own life. On the other hand, patients should not have to suffer. Physicians should be aggressive in treating symptoms and alleviating pain and discomfort. After all, we all have a terminal diagnosis — it's called life. Recognizing this, we can offer patients an opportunity to go out with dignity."

For more information about hospice or referral in Michigan, contact Michigan Hospice Organization; 7201 W. Saginaw, Suite 312; Lansing, MI 48917; 517-886-6667, 886-6737 fax or 800-536-6300.

The author is an Okemos-based freelance writer.

Hospice Care in Action

Mr. Smith, a 63-year-old retired business owner and former Big Ten defensive back, has been battling lung cancer for years. He has undergone three years of treatment, including extensive surgery and chemotherapy. While enduring severe pain, discomfort, and adverse side effects, Mr. Smith continues his efforts to present a strong front for his family's sake, in spite of his physician's recent news that the cancer has returned. Mr. Smith's wife, three grown children, four young grandchildren, and many friends in his community are intensely devoted and hopeful for his recovery.

As Mr. Smith's condition has deteriorated, the support and hope of his family and friends have increased the burden of responsibility felt by his physician. While discussing the only remaining, untried treatment — known to have horrendous side effects — Mr. Smith's physician sees fatigue in Mrs. Smith's still hopeful eyes and observes his patient's alternating listlessness and mounting discomfort. He decides to look into hospice.

The physician learns that, by collaborating with a hospice team, he can continue to serve as Mr. Smith's primary caregiver, thus providing Mr. Smith and his family ongoing support, comfort, and security. Mr. Smith chooses home-base hospice care, which involves regular individual and group visits from an interdisciplinary team to assess and respond to his physical, emotional, and spiritual needs and to those of his family. Hospice nurses are available around the clock to take calls from patients and family members, to coordinate individualized care plans, and to provide specialized palliative care services. Nurses remain in constant communication with the physician. Hospice social workers offer emotional support, counseling, and community resource support services. Spiritual care coordinators help identify spiritual concerns. Home health aides assist with personal care. Physical, occupational, and speech therapists provide palliative care according to the individualized care plan, and bereavement coordinators offer support to Mr. Smith and his family throughout the dying process, including follow-up for the family after the patient's death.

By choosing the hospice alternative, Mr. Smith's needs were attended to and his pain was managed conscientiously, enabling him to prolong the quality of his life. Hospice helped Mr. Smith live out his remaining days in the comfort of his own home, surrounded by friends and family.

MSMS Committee of Hospice Medical Directors

By Rebecca Blake

The United States is moving toward an era where one quarter of the population will be classified as members of the elderly age groups. Hospices will be looked upon for needed assistance. To aid physicians in these changes, the Michigan State Medical Society (MSMS) has formed a Committee of Hospice Medical Directors. The purpose of the Committee is to address issues of mutual interest to Hospice Medical Directors and their patients. The Committee has been discussing issues such as reviewing the role and resources of Hospice care, sharing protocols and information, the benefits of early referrals, recent advances in pain management, advocating in-patient palliative care units, and physician education.

The Committee of Hospice Medical Directors have been extremely active. The Committee assisted in the creation of the Dignified Death Act. Committee members presented a Pain Management and End-of-Life Care course at the MSMS Annual Scientific Meeting. The Committee co-sponsored the "Bells for Hospice" celebration, which declared November as Hospice Month in Michigan.

Thomas George, MD, co-director of the Kalamazoo Hospice and Fred W. Isaacs, MD, director of Hospice of Lansing are the co-chairs of the Committee. David J. Millard, MD, director of the combined Hospice of Van Buren and Cass County Hospice serves as the Board liaison.

Should you have any questions or concerns regarding the MSMS Committee of Hospice Medical Directors, please contact Kevin A. Kelly, managing director at (517) 336-5742 or via email at kkelly@msms.org. You may also contact Rebecca J. Blake at (517) 336-5746 or by email at rblake@msms.org. ■

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MEMBERSHIP



By Kathleen Farrell

When B David Wilson, MD, decided to take on a new partner, he went no further than the Michigan State Medical Society for assistance. "I wondered if [they] had suggestions for working out a contract for employing a new physician in the office," says Doctor Wilson, a Kalamazoo allergist. With the assistance of the staff at MSMS, Doctor Wilson was given the necessary information. "I shared this with the young man who's thinking about coming in and it gave him all kinds of background."

"MSMS, which is supported by member dues, is the central point, the glue that holds us together so we, as physicians, can be more effective lobbyists or educators or quality management people through MSMS.
We need that infrastructure to give support for all those activities and more."



Cathy O. Blight, MD, Flint
MSMS President

Member since 1978

For David M.C. Hislop, MD, a Port Huron OB/GYN, MSMS assistance with pending legislation made a huge impact on his practice. "The most important thing that MSMS has done for me as a practicing obstetrician/gynecologist is the tort reform they were able to get through the legislature in 1993 that stabilized our malpractice premiums. In fact, the premiums have actually gone down a little bit."

For St. Mary's Hospital Chief of Staff Jose Evangelista, MD, MSMS continually has provided the necessary educational programs he needs to train his staff and plan for the future. "Not only do they have excellent speakers, the programs are held [at times that] are convenient for the physicians," says Doctor Evangelista. "They give you good topics, which are really practical and pertinent to the practitioners."

Assistance is Just a Phone Call Away

MSMS assisted Mason family practitioner Dawn Springer, MD, in a third-party payment situation. "We did not get our reimbursement from Blue Cross Blue Shield (BCBS) and we called and called," says Doctor Springer. After getting nowhere themselves, Doctor Springer's office got in touch with the MSMS reimbursement ombudsman who successfully handled the situation in a matter of days. "I think there was probably $30,000 or $40,000 owed to us. So it really made a difference. Without MSMS' help, we'd probably still be going around and around," she says.

Petosky family practitioner Louis Zako, MD, found himself in a particularly frustrating situation when, due to an address change mix-up, his medical license expired. "My hospital said, 'You can't practice,'" says Doctor Zako. "So I had to go through all kinds of shenanigans." Finally, after getting no help from the Board of Medicine, Doctor Zako turned to MSMS. In a matter of days, and a few well-placed phone calls, he got his license renewed.

For these physicians and thousands more, help can be only one phone call away at the Michigan State Medical Society. Services are so plentiful that many physicians may not even realize everything their membership dollars buy.

With 14,271 members, MSMS membership represents 83 percent of all physicians practicing in the state of Michigan. It is also the number one medical society in the country for growth of membership. "There's no defined reason for MSMS' membership success; it's a compilation of several things that they do," says Kenneth Musson, MD. "They're very in-tune with the physician population to make sure we're bringing programs and services that meet their changing needs."

Tools to Enhance the Practice of Medicine

MSMS can assist its members in countless ways including:

- Leadership on state and federal health care legislation and anti-trust issues
- Access to current information on health plans, hospital finances, health status data, and practice trends
- Education
- Patient advocacy and information
- Assistance on contracting issues
- Liaison assistance with third-party payers
- Risk management services
- Technology and on-line communications

"I felt the need to belong to organized medicine, especially when I started out way up in Marquette, somewhat cut-off from the information I needed. Physicians need a unified voice to address issues on the inside and outside of MSMS. [MSMS] has created a wonderful community for physicians to learn and communicate with one another."



Busharat Ahmad, MD, Monroe
First chair of the AMA-IMG Section Governing Council

Member since 1971

- Management services
- Insurance programs specifically designed for physicians
- Products and services for physicians' practice needs and lifestyles.

MSMS also provides a confidential service called the Health Professional Recovery Corporation, which assists physicians with substance abuse and emotional and mental health problems; Professional Credential Verification Services, Inc., which verifies state of Michigan and out-of-state health professional licenses and provides credential verification services; and the newly created Michigan Institute for Medical Quality, which serves as a resource center for physicians on quality of care issues.

Physician Involvement Vital

One of the reasons MSMS has been so successful is because of the involvement of its members. "There are a number of committees at the state level that deal with everything from socio-economic issues to educational issues. The only way MSMS and its committees can be effective, is by physicians bringing in their ideas and taking part in the dialogue," says pathologist and current MSMS President Cathy Blight. "If you're not at the table, if you're not expressing ideas, those ideas never make it to anybody's consciousness to even think about. And it might be a very important idea."

Doctor Blight just might be MSMS' number one fan. "It gives you a wonderful network outside of your community. There are times when I have been in a situation where just having the personal communication with the other physicians across the state has been invaluable." Doctor Blight encourages members to get involved on any level that works for them, and offered a creative solution to one physician who complained about lack of time for MSMS projects.

"[I told him], take 30 seconds, go home and [change the outgoing message] on your answering machine," she says. "If you call my home it will say, 'Hi, you've reached the residence of Cathy Blight and Ed Davison. We're supporting Corrigan and Taylor for Supreme Court in November. That's our message, now leave yours.' You've taken exactly 30 seconds, yet you're getting your message out," laughs Doctor Blight. "There are canned messages that you can put on about a medical issue that really take very little of your time and yet you're educating your patients and providing an important service to the community."

Donald B. Muenk, MD, says during his membership with MSMS, he has been involved in a number of issues both to solve problems for Michigan physicians, and to educate them regarding reimbursement policy procedures. Specifically, he cites: "The seamless transition of Medicare from Blue Cross Blue Shield of Michigan to HCSC [Health Care Services Corporation], the seamless transition of Medicare from HCSC to WPS [Wisconsin Physician Service]; the excellent function of the liaison to solve individual member's payment and policy problems; and the extensive teaching and education on E&M coding for Michigan physicians."

With a thriving practice at Children's Hospital in Detroit, along with several offices throughout the area, ophthalmologist John Roarty, MD, might not seem to have a lot of free time. But, with the help of MSMS, he serves

"I believe that it's impossible to get information anywhere else besides organized medicine. With MSMS membership, publications like Michigan Medicine, Medigram can be obtained for information, and you really get everything you need to maintain and modify your practice to fit the changing medical environment. There's no other comparable source of information, guidance, education, consulting, networking, and social support like MSMS."



Susan H. Adelman, MD, Dearborn
AMA Board of Trustees and
MSMS Past President

Member since 1974

as program chair and treasurer for the Michigan Ophthalmological Society.

Helping Specialty Societies

"The Michigan State Medical Society's [subsidiary] Physician Service Group helps support several state specialty societies," says Doctor Roarty. An MSMS staff member serves as executive director of each specialty society, and works with other MSMS staff to coordinate administrative services, meeting planning, membership recruitment, and dues billing.

"It makes sense," says Doctor Roarty. "Then each society doesn't have to reproduce the same thing. We're able to share resources through the Physician Service Group to help all the societies run together. They take a lot of the headaches out of running our organization, to enhance in the efficiency and the overall organizational structure of our organization and, on an individual level, it offers a lot of services for the members."

All in all, the annual standard membership fee is a great deal, considering the advocacy and support a membership with the Michigan State Medical Society can provide. So remember, the next time you're hitting a brick wall, make that call to MSMS and you'll be sure to get results. More than 14,000 physicians will agree. ■

The author is an Okemos-based freelance writer.

Giving You the Service You Deserve

MSMS "Up to Par" on Member Assistance

By Kathleen Farrell

A new member to the Michigan State Medical Society might find him or herself in a maze of information and services that are as intertwined and interconnected as the roots of an old tree. It can be confusing to decipher everything this organization can do for its members—but it is a process that is well worth the effort. For those new to the organization, and even for those who have been around for awhile, you may not realize all the services MSMS provides to help streamline your operation.

Solving Difficult Situations

First of all, MSMS' purpose is to serve. This is evident in the key services available through its vast subsidiary network. Overseeing several types of services, the Physician Service Group, Inc (PSG). provides products and services that address and solve difficult situations encountered by physicians. And, in what amounts to a

"I look at MSMS as a tool; you have to use it to your advantage. There are many benefits to membership that make things better for you and your patients."



Thomas M. George, MD,
Kalamazoo
Chair of the MSMS Hospice Committee

Member since 1985

huge savings of time and effort, MSMS, though PSG, also provides the administration staff for the state's specialty societies.

"We have administrative relationships with 18 other specialty societies," says Dawn Reha, director of member services for MSMS. Her department oversees those staff members involved.

In myriad of other services, PSG provides the basics to help physicians run their busy offices. All endorsed products and services have passed rigid standards before earning MSMS' seal of approval.

Meeting Your Human Resources Needs

The Northridge Group assists members in human resources functions within their practices by assessing the possibilities of having a professional employer organization handle all or portions of the payroll processing, tax filings, workers' compensation, unemployment insurance, federal and state compliance issues, safety/risk management, and health care benefits.

Members can also leave the task of figuring out office supply needs by utilizing the services of American Business Forms and Promotions, the third largest independent distributor of office/computer supplies and business forms in the country. Boise Cascade Office Products also saves time for members by simplifying shopping and offering quick delivery times. Members also can take advantage of exclusive savings on overnight deliveries from United Parcel Service. Lucent Technologies also is available to assist members in their phone systems—both for small and large offices.

The Scope on Insurance Programs

The Group Insurance Trust (GIT) is another member service. It was formed in order to assist physicians, and their staff, in the purchase of their health insurance. "The major thing the trust does is market the insurance program with individuals who work for the medical society, and therefore have the physician's best interest in mind," says John Richards, general manager of Subsidiary Operations. "They're not commissioned insurance salesmen whose main motivation is to generate the highest commission they can from a sale."

David M.C. Hislop, MD, GIT chair, says that GIT is a separate entity that's responsible to the Board of MSMS. The assurance to members is that their interests are always at the forefront of any decision made.

Richards adds that GIT is a $30-million a year operation in insurance premiums, with the servicing department fielding nearly 13,000 calls per year to assist the physicians, their families, and employees. "It's a substantial operation. However, the real priority, from a marketing and servicing standpoint, is to take care of the member, and that's the guiding principle," says Richards.

Quality Control on Patient Care

Since 1983, Physician's Review Organization of Michigan (PROM) has used the expertise of senior Board-certified practicing physicians to evaluate the quality, necessity, and appropriateness of care that physicians provide for their patients in a variety of settings. It's benefits may not be as obvious to members as other services, but they are certainly no less valuable, says Mary Anne Ford, general manager of subsidiary operations.

"For me, physician advocacy is one of the major benefits of MSMS membership. They go to bat for physicians and provide support in a variety of areas. MSMS is also an excellent resource in patient advocacy and practice management."



David E. Randolph, MD, Midland
Member MSMS-YPS Governing Council

Member since 1990

"Our Group Insurance Trust is a very clear member benefit. PROM is something that not every individual physician might realize they benefit from every day," says Ford. "We provide professional credible review for Blue Cross/Blue Shield and others and that's helpful to the profession at large."

A few of the consulting services provided by PROM include expert consultation on current medical practice standards, health care delivery, and reimbursement mechanisms; consolidation of multiple regulatory audits into a single, independent review that meets specified criteria; assisting hospitals with the development and application of practice guidelines to specific identified clinical issues; assisting hospitals, HMO's, and managed care systems with evaluation of current policies and procedures including credentialing and privileging of medical staff members; assessment of quality of care specific to clinical decision making through record review; and analysis of internal peer review systems. PROM also serves as an objective source of advice on how to apply new modalities of care in the hospital/clinic environments, and can assemble key provider groups to develop standards of care for medical practices where there is no general consensus with regard to acceptability.

Navigating the Managed Care Marketplace

The Michigan Medical Advantage (MMA) is a unique management services organization owned by MSMS, Mutual Insurance Corporation Of America (MICOA), and several hundred physician investors. Its role is to help physicians work within the managed care marketplace. Services include PO, PHO, and PSO development through market analysis, internal analysis, strategic planning, and business plan development; PO/PHO management; information systems including provider contracting, utilization management, premium billing, claims processing, and adjudication; contract review and negotiation; practice evaluation and consultations; merger, consolidation, and valuation services; reimbursement and risk sharing models; utilization and quality management services; and settlement analysis and performance recommendations.

MSMS can also assist physicians with the ever-changing world of technology—providing expert computer consultation and education services and freeing up members to concentrate on caring for patients.

Reimbursement Issues

In one of its most popular services, MSMS plays a significant role in simply getting members paid. In her position as Reimbursement Liaison for MSMS, Kim Crawford handles about 120 member inquiries per month. And each successful outcome has a positive impact on the rest of the membership.

"I act as the liaison between the physician and the third-party payer," says Crawford. "Once the physician, or their biller, has exhausted their options through the appropriate service channels to correct a reimbursement issue and have been unsuccessful, they can refer the problem to me."

Currently, Crawford is working with a group of spinal surgeons to convince Blue Cross Blue Shield (BCBS) of Michigan to recognize and reimburse a specific procedure that it already

"For me, [membership in MSMS] is time and money well spent. Without a unified voice and a proactive organization to make our voices heard, we will never be able to insure continued excellence in care and protection of the doctor-patient relationship."



Angela R. Tiberio, MD, Ada
Member of MSMS-AMA Delegation

Member since 1992

recognized, one that is also being reimbursed by Medicare and almost every other BCBS in the country. "This has been in process for over a year, and involves a significant number of physicians who perform this particular procedure," she says.

Quality of Care Issues

The newly organized Michigan Institute for Medical Quality (MIMQ) also offers members a valuable resource center on quality of care issues. MIMQ focuses on education, community outreach, and research. Its mission is to improve the health of the people of the state of Michigan by expanding knowledge and use of principles of continuous quality improvement by physicians in their practice, physician organizations, payers, employers, and government.

Aid to Physicians in Need

Another program that is praised by members is the Health Professional Recovery Program, which assists physicians with substance abuse and emotional and mental health problems. "I became very proud of what MSMS was doing with impaired physicians," says Petosky's Louis Zako, MD. "Although most members don't know about it, I think it's done a good job of balancing protection of the public with not destroying individuals who have an addiction."

The purpose of all of these services is to simply help physicians run their practices more effectively. But MSMS is also much more than that. According to Doctor Hislop, the organization provides a valuable public service as far as patient advocacy.

"One of the great unsung factors about MSMS is the public health advocacy," says Doctor Hislop. "Support of immunization policies, seat belts, anti-tobacco legislation—we've supported these through the years. We've always taken a very pro-patient stance."

For Jose Evangelista, MD, MSMS is geared toward the future. "Of all the societies I've seen, nationally and internationally, the service MSMS provides is really up to par. They do an excellent service for their members—they help you, they educate you, they prepare you for what is coming."

In the ever-changing world of medicine and technology, MSMS is leading the way. ■

The author is an Okemos-based freelance writer.

Tell your colleagues about MSMS and the advantages of membership. For information on the Membership & More Recruitment Campaign, contact Kimberly Gools at MSMS at (517) 336-5763, or kgools@msms.org.

"I'm very pleased that MSMS has recognized the need to enhance physician competencies in end-of-life care by organizing a committee of hospice medical directors and by developing CME conferences on palliative care."



John Finn, MD, Southfield
Chair of MSMS Palliative Care Conference Planning Committee,

Member since 1997

MSMS Membership Sections Provide Information, Support, and Leadership

By Stacy R. Lammers

Let's say that you are an international medical graduate who is new to the United States, and you need to know how you can assimilate into the culture as well as the medical community. Or you are a resident, and you'd like to find out about work force planning or public health issues, but because of the abundance of sources, you are not sure where to find this information. Where can you find all of this information?

Michigan State Medical Society offers membership sections and committees that address specific issues of interest to specific segments of members: They include: Young Physician Section (YPS), International Medical Graduate section (IMG), Resident Physician Section (RPS), Organized Medical Staff Section (OMSS), the MSMS Committee on Concerns for Women Physicians, and Medical Student



Busharat A. Ahmad, MD provides testimony regarding the issue of medical student voting privileges. Jeff Huo, a second-year medical student from U-M, awaits his turn.

"*MSMS is necessary for physicians to be successful. . . . The society works well particularly with IMGs by giving them important support and advocacy. MSMS has always worked with us [IMGs] to help us achieve our goals.*"



Amitabha Banerjee, MD, Flint
Chair of the MSMS-IMG Section

Member since 1978



David Nadeau, MD, chair of the Young Physicians Section(YPS), Muskegon; Pino D. Colone, MD, immediate past-chair of the MSMS YPS, Flint; Tama D. Abel, MD, former MSMS YPS chair, Ann Arbor discuss pertinent details of reference committee debate.

Section (MSS). The sections serve to answer your questions, direct you to vital information, and represent your specific needs.

Young Physicians Section

Since 1988, the MSMS-YPS has been discussing and addressing issues of concern for young physicians. Some of these issues include the following: the use of Internet for rapid communication; restricted covenants in residency and fellowship training; physician unionization; patient education materials; and board certification material.

The MSMS-YPS encourages young physicians to become involved in organized medicine and the policymaking activities of the medical society. MSMS-YPS welcomes physicians who are under the age of 40, or who have been in practice for less than five years into this section. For more information, contact Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org.

International Medical Graduate Section

The MSMS-IMG section, which was started in 1988, represents the needs and concerns of physicians who completed their medical education outside of the United States. Issues of importance to the IMG section include enhancing communication skill, increasing membership in the AMA-IMG section, and having input into graduate medical requirements.

Recent activity for the MSMS-IMG section include a resolution to make the Educational Commission for Foreign Medical Graduates Clinical Skills Assessment Examination the uniform examination for graduates of all medical schools,

"As physicians, it's hard to make changes [within medicine] on your own. MSMS allows us to interact with our colleagues and share information; for me, that's the real benefit to membership. Not to mention the personal friendships and relationships that are made."



Gregory L. Walker, MD,
East Lansing
Member of the MSMS-AMA Delegation

Member since 1992

both within and outside of the United States. For more information, contact Sherry Barnhart at (517) 336-5786 or sbarnhart@msms.org.

Resident Physician Section

Whether you come to Michigan for a short time for your training, or decide to set up a practice here, the MSMS-RPS provides information that is of value to all residents. Some of the topics of interest discussed by RPS members are educational programs for residents, AMA delegation, and items to be submitted at the national section meeting.

This membership section also gives matched residents the chance to network with their colleagues at the state level through MSMS, and national level through the AMA-RPS. For more information, contact Kimberly Gools at (517) 336-5763 or kgools@msms.org.

Organized Medical Staff Section

For physicians who are on medical staffs at hospitals, HMOs, or medical clinics, the MSMS-OMSS provides resources to help balance the business side of medicine with the practice side of medicine. Some important topics discussed this year include standardizing the credentialing process and working to better balance physicians' efforts in business, practice, and patient care.

Like the AMA-OMSS, the MSMS-OMSS also addresses third party payer issues such as



Medical Students (left to right) Rajiv Patel, WSU; Brian West, WSU; Steve Chen, U-M; and Amarpreet Singh, WSU at the AMA Interim Meeting in Dallas.

"Being a member of MSMS means that my participation allows me to decide my future in medicine. It allows me to shape how medicine should be for patients. It allows me to get my hands dirty in the nitty-gritty of organized medicine. I don't believe in standing on the sidelines; I believe in participation. And none of this would be possible without MSMS."



Krishna K. Sawhney, MD,
Farmington Hills
MSMS President-Elect

Member since 1981



John A. Rupke, MD, discusses a resolution during the OMSS reference committee during the 1998 Joint Section Meeting in Dearborn.

preventing physicians from being censured for discussing issues that have a bearing on their health, including consequences of payment decisions by third-party payers. For more information, contact F.B. "Tom" Plasman at (517) 324-6958 or tplasman@micoa.com.

MSMS Committee on Concerns of Women Physicians

This committee was formed to directly address specific issues of concern to women physicians through meetings and annual events. Some key objectives of this committee include: increasing the number of women in organized medicine and its leadership; advising the MSMS Board of Directors on issues of importance to women in medicine; and advocating for women in medicine on issues such as legislation, public health policy, and medical education.

The Committee also holds a bi-annual Women's Caucus, held at the MSMS House of Delegates meeting and the MSMS Annual Scientific Meeting. All women physicians—MSMS members and non-members—are encouraged to participate in the Women's Caucus. For more information, contact Sherry Barnhart at (517) 336-5786 or sbarnhart@msms.org.

Medical Student Section

MSMS urges medical students at the three medical schools in Michigan to become members of the MSMS-MSS.

Medical students are encouraged to take part in any of the 54 committees MSMS offers, and they have representation at the annual House of Delegates. For more information, contact Deborah Zannoth at (517) 336-5767 or dzannoth@msms.org. ■

MSMS: Your Legislative Advocate

Successes and a Look Ahead in the Era of Term Limits

By Bryce W.A. Docherty

By now many physicians are aware of the unprecedented overhaul expected to take place this year when Michigan will see the effects of the November 1992 referendum on term limits.

Beginning in January, a minimum of 64 new state representatives will take office. Term limits will affect the Senate in 2002. MSMS members and the Michigan Doctors' Political Action Committee (MDPAC) have been active, meeting candidates in their respective districts, giving physicians a unique opportunity to establish early relationships and begin a dialogue with future leaders in the Michigan legislature.

In one particular instance Paul DeWeese, MD, an emergency room physician from Williamston saw the opportunity created by term limits and decided to run. Doctor DeWeese won the Republican primary for the state House in a district that is about 68 percent Republican. Term limits just gave the medical profession its only doctor in the House of Representatives. Combine that clout with

The following chart highlights other MSMS legislative success stories of 1998.

Subject	Bill Number	Description	MSMS Position	Status
Domestic Assault	SB 74-76 (PA 130)	Prohibits HMO's, indemnity insurers, and BCBSM from refusing coverage for victims of domestic assault.	Support	Signed by Governor
Peer Review Immunity	SB 732 (PA 59)	Allows physician organizations and physician group practices peer review committees to have the immunity from liability as hospital peer review committees.	Support/ Sponsored	Signed by Governor
Emergency Health Services	HB 5135 (PA 125)	Prohibits insurers from denying payment for emergency health services.	Support	Signed by Governor
Timely Payment for Medicaid	Fiscal 1999 MDCH Budget Amendment	Requires health plans to pay no less than 90% of clean claims for Medicaid covered services within 30 days of receipt and no less than 99% of clean claims within 90 days of receipt. Failure to comply will result in a reduction in the health plan's monthly capitation payment of $100.00 per incident.	Support/ Sponsored	Pending in House and Senate Conference Committee

Senator John Schwarz, MD and you are that much better represented. Could you be the next physician lawmaker?

MSMS and MDPAC helped bring Doctor DeWeese to Lansing and they also are committed to conducting over 200 other candidate in-

A look ahead to 1999:

Subject	Bill Number	Description	MSMS Position	Status
BCBSM Reform Initiatives	SB 958-960	Requires uniform claim and credentialing forms; allows direct payment to physicians for certain Master Medical subscribers; allows subscribers to access freestanding surgical centers by changing recognition standard; and prohibits BCBSM from limiting physician appeal rights.	Support/ Sponsored	Reintroduction in 1999
Managed Care Accountability	HB 5221	Allows patients to hold managed care plans legally accountable for delayed or denied covered treatments by their plan.	Support/ Sponsored	Passed House in 1998 Reintroduction in 1999
Patient Right to Know Act – Physician Self Referral	HB 5269	Allows physicians to refer patients to a medical facility within the patient's best interest regardless of financial incentives.	Support/ Sponsored	Reintroduction in 1999
Timely Payment	N/A	Requires timely third party payer reimbursement to physicians and would prescribe strong penalties for delays in those payments.	Support/ Sponsored	Introduced late fall 1998 Reintroduced in 1999
CON Reform	N/A	Eliminates Certificate of Need requirements for outpatient surgical facilities, Computer Tomography (CT) Scanners, and MRI units.	Support/ Sponsored	Introduction in 1999
Uniform Health Care Decision Act (UHCDA)	N/A	Addresses the needs of the medically incompetent patient.	Support/ Sponsored	Introduction in 1999

terviews. This process has included at least 300 politically active physicians. In addition, over 1,000 physicians attended fundraisers around the state and contributed to local elections and the Michigan Supreme Court elections.

Involvement Makes a Difference

"Physician involvement in the candidate interviews and fundraisers in such large numbers has been heartwarming," said MDPAC Chair Krishna K. Sawhney, MD. Doctor Sawhney also believes that "our lifeline is membership and it is very encouraging to see our members actively participating in the political process."

The remarkable efforts of MSMS members in 1998 has resulted in not only a successful political environment, but also a successful legislative agenda that has made significant strides on behalf of patients statewide. For example, MSMS conducted a "Virtual Rally" in late spring in an effort to preserve a critical amendment to Senate Bill 104. This legislation would have given advanced practice nurses the ability to prescribe drugs independent of physician supervision if not for the overwhelming response by physicians who contacted their lawmakers by phone, fax, and email hours before the bill was to be voted out of the Senate. Instead, an amendment was added requiring physician supervision and the measure has since stalled in the House.

Past President Peter A. Duhamel, MD believes "the lobbying efforts of MSMS members on SB 104 is the largest example of physician grassroots participation since the 10,000 physician march to the state Capitol in October 1985, orchestrated by the late and great W. Peter McCabe, MD, and resulting in the 1986 medical liability reform package."

With the new political climate in Michigan beginning in 1999, what does the forecast look like for MSMS? The possibilities are limitless. If the past year is any indication of how MSMS members will fare in 1999, then physicians have a lot to look forward to in Lansing.

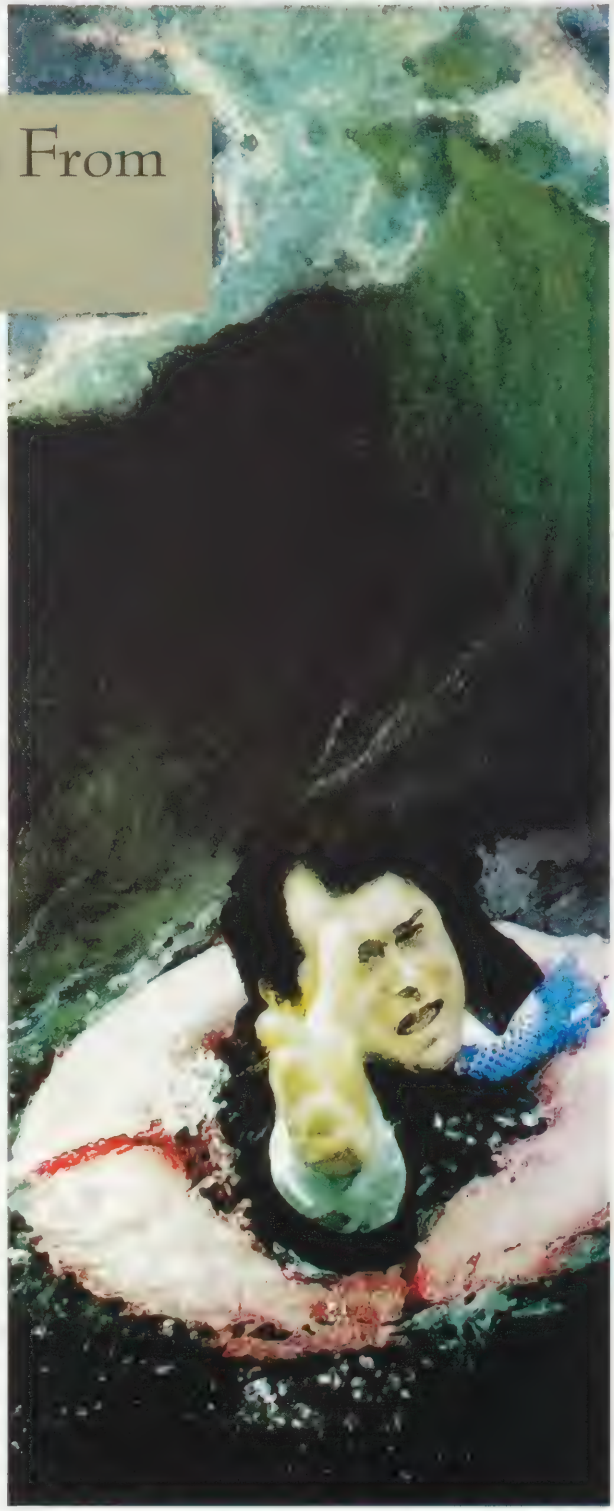
With the advent of a fresh outlook in the Michigan legislature, MSMS has an opportunity to establish and continue to build relationships with lawmakers on both sides of the aisle.

For additional information regarding MSMS legislative activity, please contact Gregory T. Aronin at (517) 336-5788 or garonin@msms.org; or Bryce W.A. Docherty at MSMS at (517) 336-5788 or bdocherty@msms.org. For additional information regarding the Michigan Doctors' Political Action Committee, please contact Matthew C. Hedberg at MSMS at (517) 336-5719 or mhedberg@msms.org. ■

The author is a legislative affairs specialist at MSMS.

Want to Know More? See the MSMS Website at www.msms.org

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MSMS Keeps Physicians Up to Date

Coping with E&M Documentation Coding Changes

By Stacy R. Lammers

In the ever-changing environment of medicine, physicians need to take steps to keep their practices running efficiently. Learning about new developments in Evaluation and Management (E&M) coding and documentation is an important first step.

A new series of MSMS seminars begins in December 1998 with the course "E&M Coding Guidelines for Physicians." This course will help physicians understand current guidelines from HCFA, and definitions and documentation guidelines for time, history, exam, medical decision, and making a consultation.

Because the 1995 HCFA guidelines still are in effect due to delayed enforcement of 1997 changes, the course offers a clear understanding of today's requirements, which will ensure a smooth transition to the new guidelines when issued.

"These are complex and difficult requirements to follow," said MSMS Center for Physician Education and Leadership Director Mary Anne Ford. "A physician's best protection is gaining the knowledge to utilize and understand the coding system."

Highlights of the program include:

- A "Physician's Guide to Coding"
- Step-by-step instruction on the documentation process
- Important modifier situations
- Question and answer period

The seminar is specifically geared toward physicians, clinical office staff, and office managers.

Another new seminar, "E&M: Tools, Tricks, and Helpful Hints," begins in January 1999. The goals of the seminar are to:

- Help physicians pass audits without extensive documentation.
- Provide information on successful time-saving techniques.
- Assist physicians and their office staffs in implementing an effective documentation system.
- Aid in constructing/reconstructing progress notes, history forms, and encounter forms.

Program highlights include small and interactive group discussions, case studies, effective tools for troubleshooting, and specialty-specific topics. It is designed for physicians and staff who participates in the documentation process.

Update: HCFA Guidelines

MSMS educational programs can help doctors stay current on the status of upcoming coding changes. For instance, physicians should be aware that HCFA has responded to the AMA's request to eliminate "counting" as a required part of medical documentation. HCFA has indicated it is willing to work with the AMA and its CPT Editorial Panel to minimize counting requirements and to otherwise simplify and improve the guidelines. However, some degree of "counting" still is necessary to achieve consistency of Medicare carrier enforcement policies.

The CPT Editorial Panel will focus its efforts to ensure that any guidelines are as consistent as possible with CPT definitions, and to diminish the role of "counting" in any guidelines. The AMA does not expect any resulting guidelines to be implemented before late 1999, at the earliest. For more information, contact Kim Crawford at MSMS at (517) 336-5722 or kcrawford@msms.org.

To date, MSMS has presented more than 30 E&M documentation coding seminars and has reached over 1500 physician offices. In addition, several rural areas, including the Upper Peninsula, have been served via two-way video conferencing. To register for MSMS seminars or too schedule a workshop at your site, contact Mary Jensen at (517) 336-5706 or at mjensen2@msms.org. For more information on E&M requirements, contact MSMS Reimbursement Liaison Kimberly Crawford at (517) 336-5722 or kcrawford@msms.org. ■

The author is communications assistant at MSMS.

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For more information or registration, please call Jennifer Mogyoros at MSMS at 517-336-7581 or e-mail location: http://www.msms.org (Center for Physician Education & Leadership)

CENTER FOR PHYSICIAN EDUCATION & LEADERSHIP

E&M Documentation Coding Guidelines Seminars

Wed. Dec. 9	*Alpena*	6-9 p.m.
Thurs. Dec. 10	*Ann Arbor*	6-9 p.m.

E&M Tools, Tricks and Helpful Hints

An E&M Documentation Implementation Workshop

Tues. Dec. 1	*Grand Rapids*	6-9 p.m.	Surgical Specialties
Wed. Dec. 2	*Grand Rapids*	8-11 a.m.	Primary Care
Tues. Jan. 12	*Muskegon*	8-11 a.m.	Primary Care & Non-Surgical
	Muskegon	2-5 p.m.	Surgical Specialties
Wed. Jan. 20	*Warren*	8-11 a.m.	Primary Care
	Warren	2-5 p.m.	Non-Surgical Specialties
Thurs. Jan. 21	*Warren*	6-9 p.m.	Surgical Specialties

1998 Medicare Update

Jan. 14	*Dearborn*	9-Noon
Jan. 28	*Grand Rapids*	9-Noon
Feb. 2	*Teleconference: REMEC sites, Marquette, Sault Ste. Marie*	1-4 p.m.

If you are interested in having this program onsite for your physician organization, hospital, or county medical society, contact Mary Jensen at 517-336-5706, or email mjensen2@msms.org.



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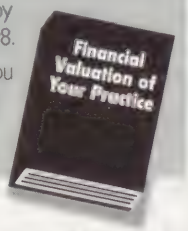
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The MSMS Alliance

A Partner in Change

By Lila Esfahani

The Michigan State Medical Society Alliance (MSMSA) is a group of physicians' spouses who are also dedicated creating healthier communities, promoting involvement in the legislative arena and raising funds for those who need assistance. Over the past year, we have had many successes and reasons to celebrate our impact on medicine and the medical profession.

Fighting to Eliminate Violence

In past year the MSMSA has worked diligently to lessen violence in our state through the AMA's health initiative "SAVE: Stop America's Violence Everywhere." This work has involved starting new domestic violence shelters, or furnishing and supporting existing ones. We also have distributed to more than a half million school children copies of the "I Can Choose" workbook and the "Hands Are Not For Hitting" worksheet. For this work, the Genesee County Medical Society Alliance received the "Children's Champion Award." We also were a finalist for the AMA Crystal Medallion Award in the Professional Health Campaign category for producing a video promoting gun safety called "Gunsense."

This year our future goals include pushing for all phone books to publish emergency hot lines and phone numbers for domestic shelters in their emergency page listings. We also are focusing on the virtual violence that floods most American homes through TV programs, video games, and computer-generated information.



Alliance members gather at the 1998 Capitol Checkup in Lansing in May, 1998.



(left tor right)Dee Loge-Wacker; Sue Heyka; Sandy Anderson; Janet Gregory; Bev Jensen; Diana Gatchalian; Lila Esfahani; Virginia Mehregan; Cathie Martin; Sue Anne Addy.

"Unplug the Violence" bookmarks have been distributed throughout the counties in Michigan and "Thumbs Up—Thumbs Down" postcards are being sent to television producers to alert them that the Alliance will be monitoring their programs as well as notating the sponsors that buy advertising time.

Legislative Involvement

We joined our spouses in the fight against Proposal B, the Merian's Friends Ballot Initiative, and helped spread the word that "B is Bad" throughout the community. We also showed how doctors and their families made a difference by being involved with this years' "Make A Difference Day." Our county presidents and county Alliance members supported the efforts of MSMS and joined them in passing out and picking up bags containing personal care items from their neighborhoods. In addition, we assisted MSMS with the 1998 elections by hosting fundraisers and volunteering time to those candidates sensitive to the concerns of organized medicine, including those elections of the Michigan Supreme Court and House of Representatives.

Plans are also underway to raise money for the AMA Foundation for scholarships and medical research. In addition, we plan to raise funds to aid shelters, food banks, and other worthy community projects. Each county Alliance has a full agenda of events to help those communities in which they reside.

We welcome all physicians' spouses who enjoy working together with others who share a strong and common commitment to the medical family and their communities. Anyone interested in joining our organization should contact Belinda Chandler at the MSMSA office at (517) 336-7587 or bchandler@msms.org. ■

The author is MSMS Alliance President.



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MSMS Foundation

Helping Dreams Come True

By Judith E. Marr

Tammy Peck of Jenison, thought that her young son, Andrew, was not reading as he should at the end of first grade, though his teachers assured her he was developing normally.

When Andrew did not progress over the next year or so, and friends and relatives began to comment, Tammy sought help in determining Andrew's situation. Her quest led her to Patrick Droste, MD, Grand Rapids pediatric ophthalmologist and an MSMS delegate, who helped diagnose astigmatism, dyslexia, exophoria, and hyperopia in Andrew.

Among Doctor Droste's help for Andrew was referral to the Specialized Language Development (SLD) Learning Center of Grand Rapids and Kalamazoo, a private tutoring agency for dyslexics. SLD Center is the oldest in Michigan and one of the largest in the state and country. The tutoring is free, and the tutors—trained volunteers—are not paid. The Grand Rapids School System is joint administrator of the program.

Now, thanks in part to a 1998 grant from the MSMS Foundation, Andrew is catching up.

"Andy thrives on the one-on-one attention," says Tammy Peck. "It really has given him more confidence in his ability to achieve. I think SLD is wonderful."

SLD Centers, and other good health promotion projects throughout Michigan, are the benefactors of Michigan physicians' gifts to the MSMS Foundation.

"Your gift to the Foundation ensures your permanent place in a long-standing tradition of Michigan physicians caring for their patients, their communitiesand the well-being of the state's citizens," says Robert E. Paxton, MD, Foundation president. "Your name and the names of those you wish to honor will live on as benefactors of the public good—enriching lives exactly as you choose."

Your gifts may be designated for a particular purpose or given to the general fund. Recent Foundation grants have supported projects as

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MSMS member Lynn Fields, MD, volunteers to teach Alpena fourth graders the dangers of tobacco use, in a project supported by the MSMS Foundation.

Michigan State Medical Society FOUNDATION

Advancing the field of health for the public good

diverse as respite care, defibrillators in rural fire departments, physician volunteers teaching children about the dangers of tobacco use, a faxback cardiovascular information service, and a campaign to locate bone marrow donors for minority patients.

Through an outright donation, establishment of a bequest or charitable remainder trust, gifts of real estate, insurance, retirement savings or stocks, you will join with others to grow the Foundation's capabilities to support good health promotion projects all across Michigan.

To encourage MSMS members to give, the Foundation has established its new "Legacy" campaign. MSMS members who include the Foundation in their wills during this first year of the campaign will become charter members of the Legacy Club. Full details of your opportunities to give are available from Judy Marr, executive director, at (517) 336-5744, at (517)337-2490 (fax) or at jmarr@msms.org. ■

The author is executive director of the MSMS Foundation.

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

December

3-4, The 7th Annual Primary Health Care of Women. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Department of Medical Education Professions, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (734) 763-1400 or (800) 800-0666. **Approved for:** TBA

3-5, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

4-6, Coronary Heart Disease Update. Location: Marriott Marquis, New York, NY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits

8 & 15, Bar-Levav Educational Association Ongoing Seminar Series "Sexual Fantasies in Psychotherapy: Newer Perspectives." Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

10-12, Managing Respiratory Diseases. Location: Atlantis Paradise Resort, Bahamas. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-13, Arrythmias: Interpretation, Diagnosis & Management. Location: Marriott Casa Marina, Key West, FL. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-13, Clinical Endocrinology for Primary Care Physicians. Location: The Phoenician, Scottsdale, AZ **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-13, Neurology for the Non-Neurologist. Location: Treasure Island, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

12, Contemporary Management of Acute Myocardial Infarction. Location: Washington University Medical Center, Eric P. Newman Education Center, St. Louis, MS. **Contact:** Office of Continuing Medical Education Washington University School of Medicine, Campus Box 8063, 660 South Euclid Ave., St. Louis, MS 63110-1093, (314) 362-6891 or (800) 325-9862; or fax (314) 362-1087. **Approved for:** Hour-for-hour credits.

22 & 29, Bar-Levav Educational Association Ongoing Seminar Series "Extended Group Psychotherapy Sessions. For Men? For Women?" Location: 3000 Town Center, Suite 1275, Southfield, MI **Contact:** Lester Potempa, DO, Bar Levav Educational Association (248) 353-5333. **Approved for:** 4 Category 1 credits.

January 1999

31-February 4,Radiology on Captiva Island Florida: A Practical Update. Location: South Seas Plantation, Captiva, FL. **Contact:** Joyce Robertson, registrar, Department of Medical Education Professions, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400 or (800) 800-0666; or fax (734) 936-1641. **Approved for:** TBA.

31-February 4,Practical Updates in Anesthesiology. Location: Fiesta Americana, Puerto Vallarta, Mexico. **Contact:** Joyce Robertson, registrar, Department of Medical Education Professions, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400 or (800) 800-0666; or fax (734) 936-1641. **Approved for:** TBA.

February 1999

4-6, Neurology for the Non-Neurologist. Location: Hyatt Regency, Cancun, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

5-7, Arrhythmias: Interpretation, Diagnosis & Management. Location: MGM Grand, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-14, Neurology in Clinical Practice. Location: Rancho Bernardo Inn, San Diego, CA. Mayo Foundation, Rochester, Minnesota. **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 20 Category 1 credits.

12-14, Clinical Endocrinology for Primary Care Physicians. Location: Beaver Run Resort, Breckenridge, CO. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Managing Respiratory Diseases. Location: Marriott's Casa Marina, Key West, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

22-26, Selected Topics in Internal Medicine. Location: Hapuna Beach Prince Hotel, Mauna Kea Resort, Big Island of Hawaii. **Contact:** Mayo Foundation, Rochester, Minnesota. Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 27 Category 1 credits.

25-27, Dermatology for the Non-Dermatologist. Location: Atlantis Paradise Resort, Bahamas. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Coronary Heart Disease Update. Location: Hilton Tapatio Cliffs, Scottsdale, AZ.. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

March 1999

3-7, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn, Scottsdale, AZ. **Contact:** Joyce Robertson, registrar, Department of Medical Education Professions, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400 or (800) 800-0666; or fax (734) 936-1641. **Approved for:** TBA.

8-12, Tutorials in Diagnostic Radiology. Location: Keystone Resort, Keystone, CO. **Contact:** Mayo Foundation, Rochester, Minnesota. Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 27 Category 1 credits.

12-14, Dermatology for the Non-Dermatologist. Location: Riviera Hotel & Casino, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Neurology for the Non-Neurologist. Location: Grand Beach Resort, St. Thomas, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits. ■

December

1, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." **Location:** TBA, Southfield, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

3, MSMS Committee on CME Accreditation. **Location:** MSMS Headquarters, East Lansing, MI, 1:30 - 4:30 p.m. **Contact:** Sarah Cressman at MSMS at (517) 336-5727, or scressman@msms.org.

8, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." **Location:** Battle Creek Health Systems, Battle Creek, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Program. **Contact:** Kristen Sabec at MSMS at (517) 336-5769, or ksabec@msms.org.

9, MPMLC Physician Risk Management Educational Seminar: "Update 2000." **Location:** TBA, Lansing, MI, 5:30 - 6:00 p.m. Registration, 6:00 - 8:00 p.m. Seminar. **Contact:** Eileen Kozchik at MPMLC at (800) 748-0465.

16, MSMS Committee on CME Programing. **Location:** MSMS Headquarters, East Lansing, MI, 3:00 - 5:30 p.m. **Contact:** Sarah Cressman at MSMS at (517) 336-5727, or scressman@msms.org.

January

20, MSMS Board of Directors Meeting. **Location:** MSMS Headquarters, East Lansing, MI, 10:00 a.m.-4:00 p.m. **Contact:** Irene Frost at MSMS at (517) 336-5743 or ifrost@msms.org.

MICHIGAN SPECIALTY SOCIETY MEETINGS

December

4, Michigan Society of Respiratory Care. **Location:** MSMS Headquarters, Dining Room, East Lansing, MI 9:30 a.m.-3:00 p.m. **Contact:** Belinda Chandler at MSMS at (517) 336-7587, or bchandler@msms.org.

4, Michigan Society of Respiratory Care—Diagnostic Section Meeting. **Location:** MSMS Headquarters, Johnson Room, East Lansing, MI 1:30-4:00 p.m. **Contact:** Belinda Chandler at MSMS at (517) 336-7587, or bchandler@msms.org.

AMA MEETINGS

December

6-9, 1998 AMA Interim Meeting. **Location:** Hilton Hawaiian Village, Honolulu, HI. **Contact:** Neil Sutherland at the AMA at (312) 464-4344. ■

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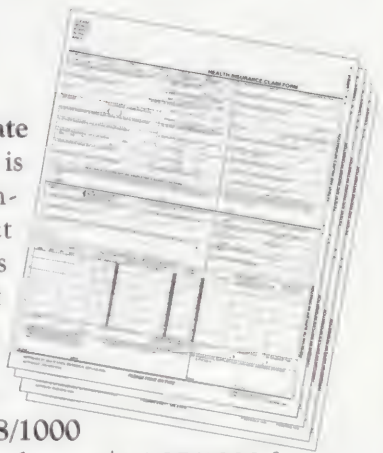
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On the Road to Help You in Practice

Day-Log of Your MSMS Member Service Representatives

By Claudia Skutar

The following events demonstrate only a few days in the life of your MSMS member service representatives.

This year, the second of this vital program (the idea came to fruition in early 1997), the three have logged hundreds of office calls to doctors and thousands of miles on their tiny fleet. The philosophy underlying their visits is simple—MSMS exists to help its members. MSMS wants to be sure its members know this, and to then provide them the help that they need. With doctors and their staffs being busier than ever before, it made sense to put in place a way to get to them to learn their needs first-hand.

"The Member Service Representatives are the personification of the information and benefits available from the MSMS family of information sources and services—which are MSMS, MICOA, PSG, GIT, PROM, PCVS, MMS, and the Center for Physician Education and Leadership," says Kevin A. Kelly, MSMS managing director.

And the program is working. Not only do the member service representatives carry information to doctors, but they bring back to MSMS physician questions and concerns as well, funneling them to appropriate staff members to get answers back quickly to the doctors. These questions and concerns cover a broad range of topics such as:

"We're looking for a consultant to tell us if our medical charts meet billing compliance. Can MSMS assist?"

Yes. Patricia Pejakovich, manager of Quality and Utilization Management Services for Michigan Medical Advantage is able to provide practice evaluations and consulta-

A Day in the Life of an MSMS Member Service Representative

•7:30 a.m., March 26—Angela Criswell peers into a box of brochures and information she keeps with her at all times in the trunk of her car. She's standing in the parking lot of the Michigan State Medical Society in East Lansing—in two hours she'll be in Midland to call on the office managers for Victor G. Sonnino, MD, a neurosurgeon, and Subbarao Chavali, MD, a cardiologist. Both are MSMS members, Doctor Sonnino for a decade and a half and Doctor Chavali newly joined late last year. Angela's purpose as one of three MSMS member service representatives: to outline for both doctors the multitude of services available to them as part of their MSMS membership.

•Sunday morning, Sept. 27—Rebecca Blake and Colin Ford load Rebecca's car with their suitcases and prepare for the 10-hour drive from East Lansing to Manistique in the state's Upper Peninsula. They've packed enough clothes for a week, their appointment books, and information about MSMS. When they've finished their five-day circuitous member-service-representative tour of the peninsula, they'll have visited MSMS members in Manistique, Gladstone, Escanaba, Norway, Kingsford, Iron Mountain, Ironwood, Ontonagon, Houghton, Hancock, Laurium, Ishpeming, Marquette, and Sault Ste. Marie. They'll also have attended a meeting of the Upper Peninsula Medical Society, an infor-

tions. You can contact her at (517)336-1400.

"My contract with a physician hospital organization is up for negotiation. Is there anyone at MSMS available to assist me?"
Yes. MSMS staff member Charles Cuzydlo, JD, chief of Legal and Regulatory Affairs, can provide information on contracting issues. He can be reached at (517) 336-5714 or at ccuzydlo@msms.org. Michigan Medical Advantage representatives can review and negotiate contracts. Contact them at (517) 336-1400.

"The MSMS Medical Business Specialist program provides a much-needed curriculum for training office staff. Our office has a difficult time finding educated and experience office staff members. Will MSMS continue this program in 1999?"
Yes. Watch for a catalog of 1999 MSMS courses, or contact Deborah Zannoth in The MSMS Center for Physician Education and Leadership at 517-336-5767 or at dzannoth@msms.org.

"Are my office staff eligible to take advantage of the insurance programs through Mutual Insurance Corporation Of America (MICOA)?"
Yes, MICOA offers all lines of professional and personal insurance through Stratton, Cheeseman and Walsh. Employees, staff, family and friends are eligible to take advantage of their rates for home-owners, auto, life, disability, workers compensation and professional liability.

continued on next page

mal association of doctors from the various north-of-the-bridge counties. As with their colleague, Angela, their goal is to let every doctor they've been able to schedule a 10 to 20-minute appointment with (which generally is all the time a busy doctor or office manager can afford) know about what MSMS has to offer them.

• 6:30 p.m., Wednesday, Oct. 7—Rebecca, Angela and Colin spend an evening at a meeting in Augusta with more than a dozen of Michigan's county medical society executives. Over dinner and during the course of the evening they get to know the executives and what's important to the doctors that each executive represents.

• Wednesday, Oct. 28—Friday Oct. 30—The three member service representatives stagger their visits to the MSMS Annual Scientific Meeting in Dearborn so that one of them always is available to meet and talk with as many as possible of the hundreds of doctors who attend this educational session. Information flows between the representatives and the doctors who stop to chat as they move from room to room between the three-and-a-half-hour CME courses. When the meeting is over, Rebecca, Angela, and Colin return to East Lansing with their goal accomplished.



MSMS Member Service Representatives (left to right) Rebecca Blake, Angela Criswell, and Colin Ford.

"Can I still enroll in Medical Savings Accounts?"

Yes, Group Insurance Trust (GIT) can provide information on Medical Savings Accounts, Blue Cross/Blue Shield and Delta Dental insurance. GIT may be contacted at (800) 748-0195.

Doctors can get answers to any other questions they may have, as well. Visits from MSMS member service representatives are absolutely free and designed to cause a minimum of interruption to a busy doctor's or office manager's schedule. The representatives adjust their presentations to whatever amount of time a doctor or office manager feels he or she can spare. If you'd like a member service representative to visit you, here's how you can contact them:

• Rebecca Blake covers these counties: Alger, Benzie, Chippewa, Delta, Grand Traverse, Leelanau, Luce, Mackinac, Macomb, Marquette, Oakland, Schoolcraft, and Wayne. Please contact her at (517)336-5746, or rblake@msms.org

• Angela Criswell covers these counties: Allegan, Baraga, Barry, Berrien, Branch, Calhoun, Cass, Clare, Clinton, Dickinson, Eaton, Gratiot, Gogebic, Houghton, Ionia, Iron, Isabella, Kalamazoo, Kent, Keweenaw, Lake, Manistee, Mason, Mecosta, Menominee, Missaukee, Montcalm, Muskegon, Newago, Oceana, Osceola, Ottawa, St. Joseph, Van Buren, and Wexford. Please contact her at (517) 336-5753, or acriswell@msms.org

• Colin Ford covers these counties: Alpena, Alcona, Antrim, Arenac, Bay, Charlevoix, Cheboygan, Crawford, Emmett, Genesee, Gladwin, Hillsdale, Huron, Ingham, Iosco, Jackson, Kalkaska, Lapeer, Lenawee, Livingston, Midland, Monroe, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Saginaw, St. Clair, Sanilac, Shiawasee, Tuscola, and Washtenaw. Please contact him at (517)336-5754, or cford@msms.org. ■

The author is chief, executive liaison in the MSMS Executive Office.

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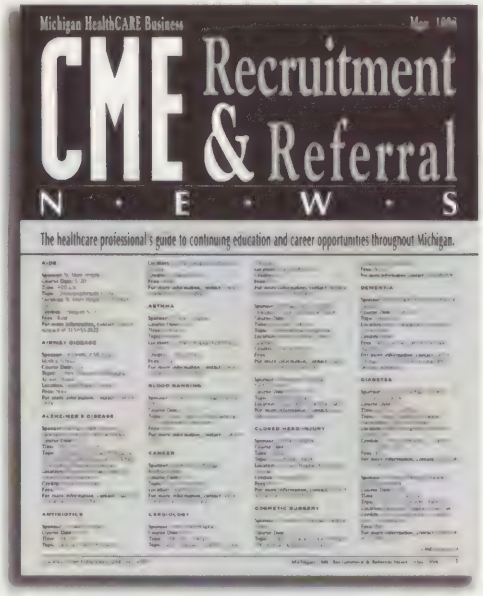
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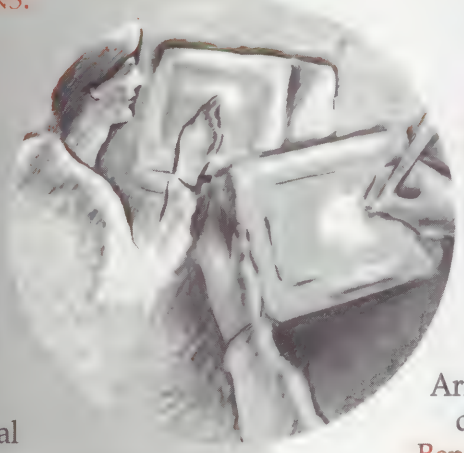
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Morrie and Hospice Have Much to Teach Us



By Cathy O. Blight, MD

MSMS President

It was just a small book, an easy evening read. I bought it because it was written by one of my favorite journalists, although the subject matter was different than his usual. But what a little gem! *Tuesdays with Morrie* by Mitch Albom gives us two men's insights into life by sharing the professor/pupil/friend relationship through the final months of the professor's life.

Mitch Albom, a highly successful chronicler of the sports scene and personalities in Detroit, learns almost by serendipity, that a cherished professor, Morrie Schwartz, is dying of amyotrophic lateral sclerosis (Lou Gehrig's disease). Morrie's ability to share the bits of philosophy of living with death's shadow get him noticed by Ted Koppel, who does a "Nightline" show about him. And, it was the introduction to this show that catches Albom's ear. Determined to see his old professor "one last time," he travels to Boston. Although he leaves after that visit, remembrances of his college days and the lessons learned from Morrie, draw him back. Once back, Albom realizes that he has begun what he calls, "his last class of my old professor"—life. . . . The subject was the Meaning of Life. . . . "So, every Tuesday during few months until Morrie dies, Albom visits and writes his "final thesis," *Tuesdays with Morrie*.

In reading this book, I am struck by how far removed from death as a part of life we are. For thousands of years, until the middle part of this century, death was a regularly occurring experience in the home, on end of the spectrum of life. But then came "modern medicine," with antibiotics, anesthesia, life-saving surgeries, and antiseptic surroundings. Many of the "natural" occurrences of life were removed to a special setting, the hospital. While I certainly don't want to return to the days before any of our modern advances, and while we should be rightfully proud of those advances, new problems have surfaced. People have died full of tubes and lines, away from family, friends, familiar surroundings, in an environment they don't fully understand. So we have to "learn" how to die all over again.

These physicians [hospice] are helping patients and their families during this sensitive time of life, to be as independent, comfortable and in as a familiar environment as possible.

During my medical-school days, the hottest author and topic was Elizabeth Kubler-Ross and her book, *On Death and Dying*. In it, she taught us, again, about the stages a person goes through as they face death. Lessons handed down through the generations had to be learned all over again.

As a caring profession, we have grasped some of the challenges and have become more attuned to our patients' needs. One special segment of our profession has taken the lead, the physicians who assist with hospice care.

These physicians are helping patients and their families during this sensitive time of life, to be as independent, comfortable and in as a familiar environment as possible. In a society that, as little as 20 years ago, questioned the need and validity of hospice care, these physicians advocated for those patients and showed the rest of us the wisdom of offering alternative care to the hospital setting.

November is National Hospice Month. During this month, let us celebrate lives like Morrie Schwartz's, who help us, through their dying, to live fuller lives. And, let us celebrate also our hospice physicians, who make the care and surroundings, such as Morrie had during his final months, possible. ■

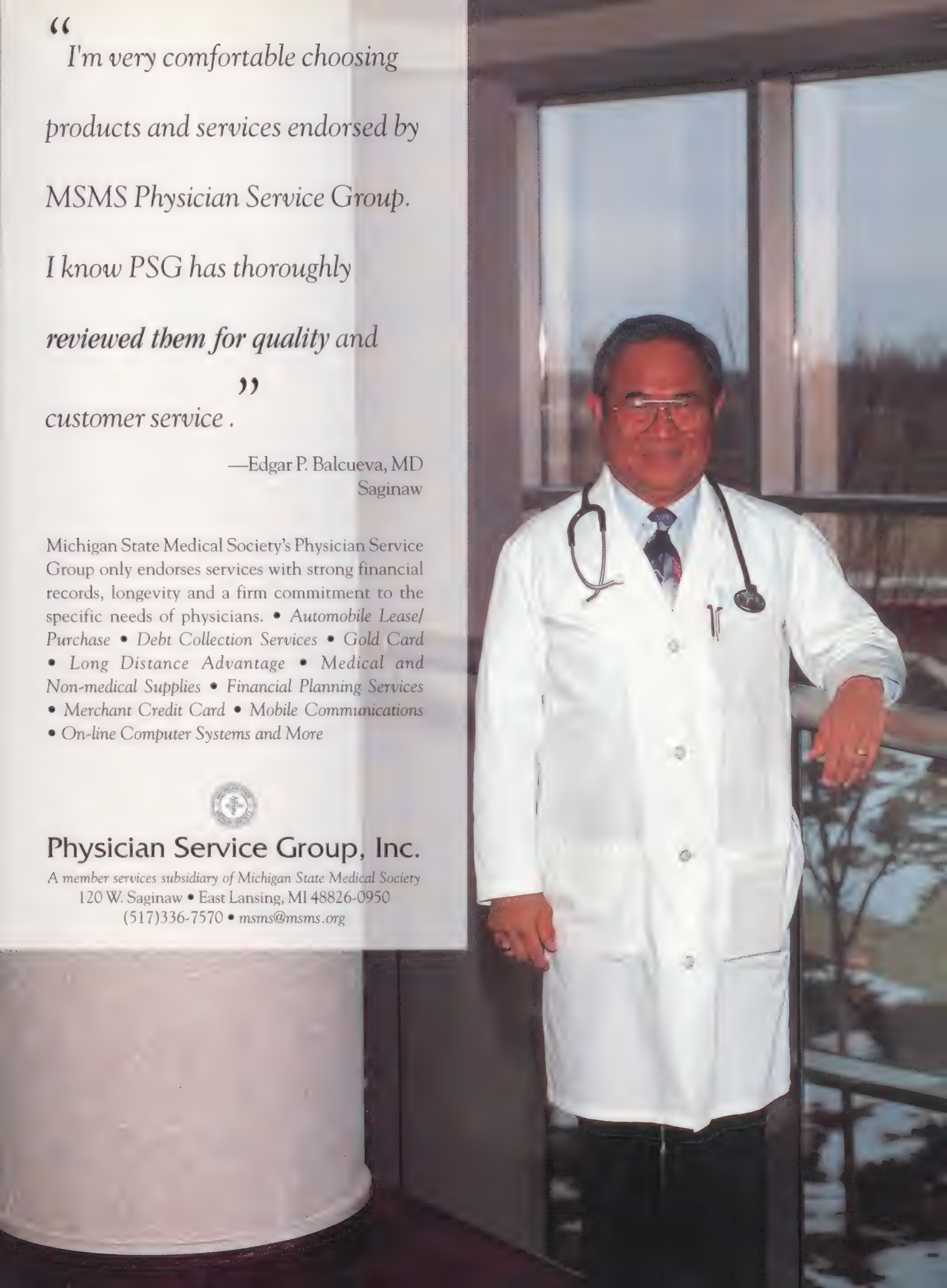
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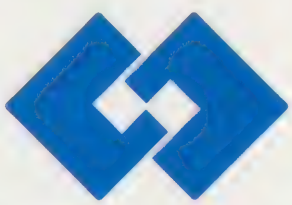
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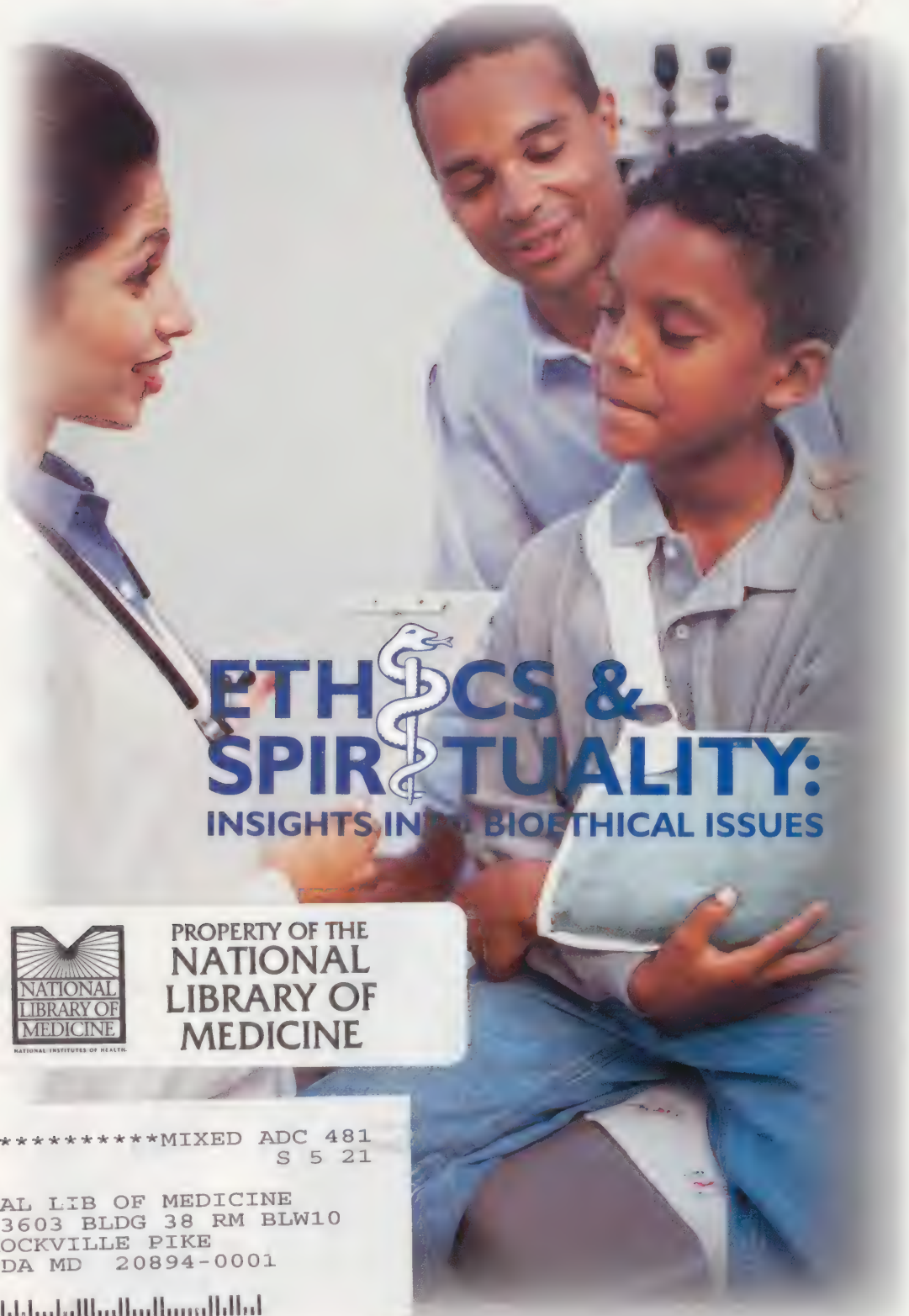
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COVER STORY



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Ethics and Spirituality
Insights into Bioethics Issues **26**

This month's cover story features thought-provoking topics from the Mackinac Island Conference on Bioethics.

Ethics in Managed Care
A Matter of Focus, A Matter of Integrity

In the discussion of managed care two major points seemed to emerge. First, physicians must try our best to cut through the rhetoric and emotion raised by the issue to focus on the true ethical questions. Second, we must avoid the temptation both to blame others and to see ourselves as victims, and grasp the essential question of professional integrity.

By Howard Brody, MD, PhD

The Spiritual Basis of Medical Practice

Physicians can help their own spiritual selves and serve as powerful spiritual forces in the health and lives of their patients by "being there" for their patients: Being attentive, demonstrating caring and professional human concern.

By James E. Waun, MD

FEATURES

MEDICAL ECONOMICS

Physician Integration Options
You're Not Cats, They're Not Ranchers **10**

A common lament made by medical center executives in this day and age is that guiding physicians is like herding cats. The comment tends to reveal more about health system executives' views about physicians than it does about physician behaviors.

By Kevin J. Cawley and Thomas M. Wolff, JD

SPECIAL FEATURE

MSMS Adopts "Model" Harassment Policy **14**

The MSMS Committee on Concerns of Women Physicians and a special Task Force has worked hard this year to update MSMS' policies on harassment. These updated policies can be used as examples of the types of policies all employers should have.

By Charles Cuzydlo, JD

December 1998 Volume 97, Number 12

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Howard Markel, MD

A Volunteer Teacher of Culturally Sensitive Health Care 22

At present, more than 60 refugees (including 25 children) from Rwanda, Congo, Zaire, Nicaragua, Ecuador, Poland, Lebanon, and several other countries are residing at Freedom House. Many of these immigrants are fleeing violence and persecution and are in dire need of assistance.

By Holly Spence Sasso

ISSUES BRIEF

Medicare + Choice 39

The Balanced Budget Act of 1997 established a new Medicare + Choice program or Medicare Part C. Eligible individuals may elect to receive Medicare benefits through enrollment in one of an array of private health plans that contract through the Health Care Financing Administration (HCFA).

BIOETHICS UPDATE

Triggers for Advance Directives 50

Advance directives can save physicians time and can ease and improve the process of making difficult medical decisions for patients. "Triggers" are tools that office staffs can use to remind themselves to encourage patients to execute advance directives and to periodically review them.

By James E. Waun, MD

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The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

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Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
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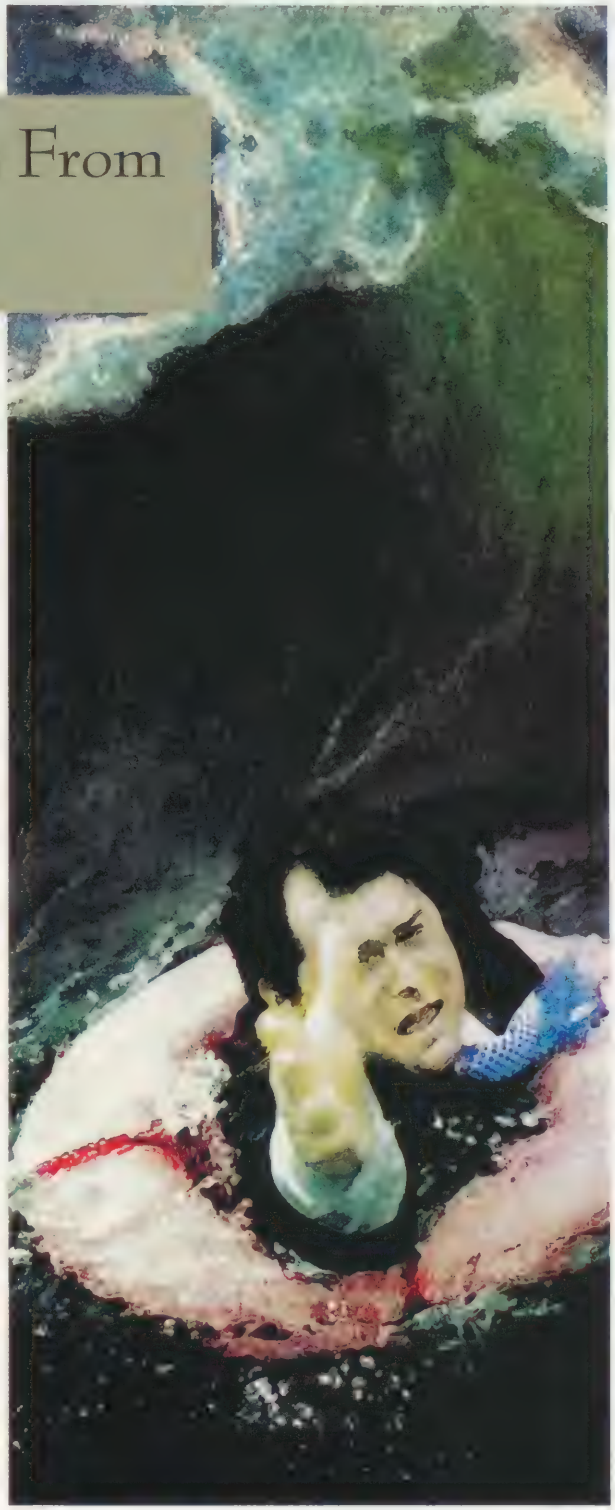
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Upper Peninsula Medical Society Holds Annual Meeting

The Upper Peninsula Medical Society (UPMS) held its annual meeting, "Beyond Collegiality—Back to Reality," in Sault Ste. Marie from October 1-3, 1998. Held on the campus of Lake Superior State University, the three-day conference included equal parts of clinical education, issue-related debates, and camaraderie.

A panel discussion on managed care and its effect on health care systems in the Upper Peninsula, co-sponsored by the MSMS Risk Management Division and Mutual Insurance Company Of America (MICOA), was one of the highlights of the conference. "This issue is particularly important right now in the Upper Peninsula because it hasn't affected us yet like it has affected physicians downstate," said conference co-coordinator Edward N. Johnson, MD, Sault Ste. Marie.

Another highlight of the conference was the arrival of MSMS President Cathy O. Blight, MD, who delivered a speech on the critical need for physician involvement in political issues. "We are presented with two tremendous opportunities to come together and make our voices heard throughout the state," said Doctor Blight. "By electing the right candidates for medicine to the Supreme Court and taking action against Proposal B, you have worked with your state medical society to achieve two important goals."

Participants were able to receive a maximum of 19 Category I CME credits for their attendance of many seminars. For more information, contact David Fox at MSMS at 517-336-5731 or at dkfox@msms.org. ■



(left to right) Carl F. Hammerstrom, MD, Marquette; MSMS Board Member Jaak M. Pahn, MD, Sault Ste. Marie; MSMS President Cathy O. Blight, MD, Flint; MSMS Board Member Rudy W. Stefancik, MD; Hancock; and Charles J. Heyka, MD; Petoskey at the UPMC Annual Meeting, October 1-3, 1998, Sault Ste. Marie.

Share your news with us. "Across the State" is an excellent vehicle for communication the activities of your county medical society or specialty society. Send your information to: Kristen Lare, managing editor, MSMS, PO Box 950, East Lansing, MI 48826-0950.



Physicians' Billing Errors and Omissions Insurance

By Richard D. Weber, JD

MSMS legal counsel

Question: As the administrator of a medical professional corporation, I have become increasingly concerned over liability for billing errors. I receive literature almost daily attempting to explain the fraud and abuse laws. We have all heard stories about the billing coding problems. We have now been presented with an insurance policy that purports to protect our professional corporation and physicians from fraud and abuse claims relating to billing errors and omissions. Are you aware of such a policy? If so, could you comment on whether physicians should purchase the policy?

Answer:

I am aware of an insurer that has recently commenced marketing a physicians' billing errors and omissions insurance policy in Michigan. Without naming the insurance company, I will comment on that policy. It is likely that other such policies would have similar provisions.

It is a claims-made policy. Claim expenses are included within and will reduce the limits. The insurer does not assume any duty to defend, but the insured must be represented by an attorney provided by the insurer. The insurer will advance expenses prior to final disposition of a claim, but the amounts must be repaid in the event the insured is found not to be entitled to such coverage. Year 2000 computer claims are excluded. Although claims-made policies are common, the provisions regarding representation, duty to defend and the Year 2000 exclusion are unique.

The coverage provisions of the policy are significant. The policy covers "Wrongful Acts," which are defined as follows: "Wrongful Act means presenting, causing or allowing to be presented or being liable for the presentation of any actual or alleged erroneous claim by the Insured to a commercial payer or government health benefit payer or program from which the Insured seeks payment or reimbursement for medical services or items provided or prescribed by the Insured."

There are multiple exclusions. The most significant exclusion provides that the policy does not apply to any claim:

"relating to any dishonest, fraudulent, criminal, intentional or malicious conduct, or conduct of a knowingly wrongful nature or the willful violation of any federal, state or local statute, regulation or ordinance committed, in fact, by or at the direction of or with the knowledge of any Insured."

This exclusion would preclude coverage for claims based upon intentional conduct, or claims based upon the willful violation of statutes. This exclusion would likely eliminate any coverage for violation of the federal or state false claims acts. Both the criminal and civil aspects of these statutes require a knowing and intentional violation. A recent Michigan Court of Appeals case, however, held that a "corrupt intent" was not necessary under the Michigan False Claims Act. In that case, an intent to pay a referral fee, even if it was not a "corrupt intent," was deemed sufficient for a violation. An Application for Leave to Appeal this case has been filed with the Michigan Supreme Court. Even if that case stands, it is probable that such a violation would still be excluded under the policy.

Other federal fraud and abuse laws require scienter. That is, a physician must know or should know that false claims were submitted under the civil monetary penalties provision of the Social Security Act. Although no specific intent to defraud is required, the Act is triggered by reckless disregard for the truth or falsity of a claim. The federal anti-kick-back statute is triggered by "knowingly and willfully soliciting or receiving any remuneration in exchange for referrals." Stark II prohibits referrals for designated health services to an entity in which the referring physician has a financial interest. Although there is no specific intent to defraud requirement in Stark, the referral in and of itself requires an intent and may therefore be excluded by the literal language of the policy. If the anti-kick-back and Stark claims were not excluded, coverage would probably not be afforded anyway under the definition of Wrongful Act.

Even if a physician is determined to have committed a Wrongful Act

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

that is not excluded, a "Loss" must be sustained for coverage to apply. Specifically excluded from the definition of Loss is "the return or restitution of fees, profits, charges or benefit payments to any commercial or governmental health benefit payer or program." Also excluded from the definition of Loss are "punitive and exemplary damages, taxes, criminal fines and penalties." Whether a claim against a physician is based upon violation of a federal or state statute, or an audit by an insurer such as BCBSM, a typical remedy is the restitution of fees paid to the physician. The limitation on the definition of Loss would preclude coverage for these claims.

Presumably, some claims and audits could relate to negligent acts which are not excluded, or failure to promptly document or maintain records. Most remedies for such action, however, would be excluded under the limitation on the definition of Loss. In the event such non-intentional acts are covered, and the commercial or governmental entity obtains an award or judgment of money that is not tied to the return of fees, profits, or charges by the physician, coverage may be afforded.

As a general rule, insurance policies covering Losses arising out of criminal conduct or fraudulent activities are void as against public policy. Therefore, physicians' billing errors and omissions insurance may be necessarily limited to comply with Michigan law. Regardless of the reason, however, it is clear that such policies may contain huge gaps and exclude more claims than would be covered. For this reason, physicians should be aware of the limitations in this coverage and should carefully scrutinize the language of the policy. ■

The author is senior partner with Kerr, Russell, & Weber, Detroit.

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Physician Integration Options

You're Not Cats, They're Not Ranchers

By Kevin J. Cawley and Thomas M. Wolff, JD

A common lament made by medical center executives in this day and age is that guiding physicians is like herding cats. The comment tends to reveal more about health system executives' views about physicians than it does physician behaviors. Executives frequently want to believe that dealing with the medical staff could simply be compartmentalized. Physicians are independent business people, frequently with divergent interests. They will become business partners only with persons with whom they are comfortable.

Extending animal analogies further, health systems could be viewed as a watering hole on the African Savannah. Many different animals and herds will, in fact, show up at the watering hole. Only the naïve would believe that all these different animals would possibly run together. Yet in looking at health system behaviors related to medical staffs, attempts to bond everyone at the watering hole with an identical mechanism are underway.

The Employment Strategy

A strategy often utilized by hospitals is to employ physicians to provide medical services. Hospitals that use this strategy either hire primary-care physicians immediately out of residency programs or buy the practices of established primary-care physicians. This strategy has two tenets. First, hospitals plan to employ PCPs so they can control the revenue stream when capitation becomes predominant. Second, with the glut of hospital beds that exists in most Michigan markets, hospitals are attempting to secure admissions by any means available.

Hospitals that employ physicians generally do so at salaries greater than fee-for-service market rates. As a result, it is widely recognized that employing physicians is a money-losing proposition for most hospitals. Current estimates of this loss range from $25,000-$75,000 on average per employed physician per year. Besides being economically unsustainable, this strategy also is deleterious to physician hospital relations because it places hospitals in the position of competing with physicians in private practice.

The strategy of hospitals employing physicians is viewed by some hospital administrators as the ideal model since it involves hospitals "controlling" physicians. In reality, however, the idea of physicians being controlled is fallacious. Given the significant productivity differences between private practicing physicians and those employed by hospitals, the evidence strongly suggests that hospitals cannot motivate physicians, let alone "control" them.

In addition, the fact that hospitals are experiencing significant losses on practice operations fuels independent physicians' distrust because these physicians understandably conclude that hospital facility services are grossly overpaid by federal and state governments and other third party payers.

The PHO Strategy

Another common hospital response to the growth of managed care has been to create virtual organizations for contracting called physician hospital organizations (PHOs). This strategy frequently is described as the panacea to barriers preventing an integrated approach to health care delivery. There is little evidence, however, that the formation of PHOs has led or will lead to a more integrated approach to delivering health care. In fact, based on anecdotal evidence, it could easily be argued that the reverse is in fact true: that the creation of these PHOs has spawned a new series of challenges to physician-hospital relations.

Most importantly, many physicians believe that PHOs are hospital, not physician-driven, and are a thinly disguised attempt by hospitals to exert control over them. Another problem is that sometimes physicians, particularly specialists, with close ties to the hospital are excluded from the PHO.

PHOs appear to make the most sense in rural areas where a hospital and its medical staff have no choice but to work closely together. However, some rural hospitals have met with significant resistance in attempting to develop PHOs.

Moreover, most PHOs have not secured a significant number of managed care contracts. For several years some consultants have referred humorously to the definition of a successful PHO, as one with any covered lives at all. In some highly competitive markets around the country, major HMOs will not contract with PHOs because they view PHOs as a "circle the wagons" strategy.

The Multi-Group or Multi-Network Strategy

Approximately 35 percent of Michigan physicians are in solo practice. This number has decreased significantly over the past several years and is expected to continue to fall. About 35 percent of Michigan physicians are in group practice. While this number has increased significantly over the past few years, approximately 75 percent of the physicians in group practice are in groups of fewer than 10 physicians. Large group practices are still relatively rare in Michigan. In addition, other practice models (e.g., physician networks) are in their infancy.

Many hospital administrators have sensed that the absence of large group practices presents opportunities via two avenues:

1. A negotiating and consensus-building opportunity to join forces with the medical staff and jointly develop more cost-effective methods of delivering care.
2. A simple monopolistic business opportunity where a sometimes ally and sometimes competitor could be handcuffed to the delivery network through the absence of any meaningful alternatives.

What this should mean to Michigan hospital administrators and boards in competitive markets is clear: Significant problems exist with hospital-dominated integration models. At the same time, the development of physician-sponsored initiatives like physician networks, demonstrates that physician interest in new delivery models is rapidly growing. This evolution will come with a number of bumps, bruises, false starts and stressful moments. This process is, in fact, about physicians discovering each other, not just as referral sources, but as business partners committed to developing more cost-effective ways to deliver patient care.

Successful hospitals will recognize that:

1. Michigan physicians still place a high value on practice autonomy.
2. That only a physician network, physician group or other physician-driven entity can develop and implement in a non-adversarial way, the methods of changing physician behavior toward more cost-effective practice.
3. Because the environment is in a state of transition, a flexible approach is necessary.
4. Hospitals will need to find a way to work with more than one physician group or network.

As starting points, consideration of contracting parameters for different physician groups will be necessary. The core strategy adopted by many

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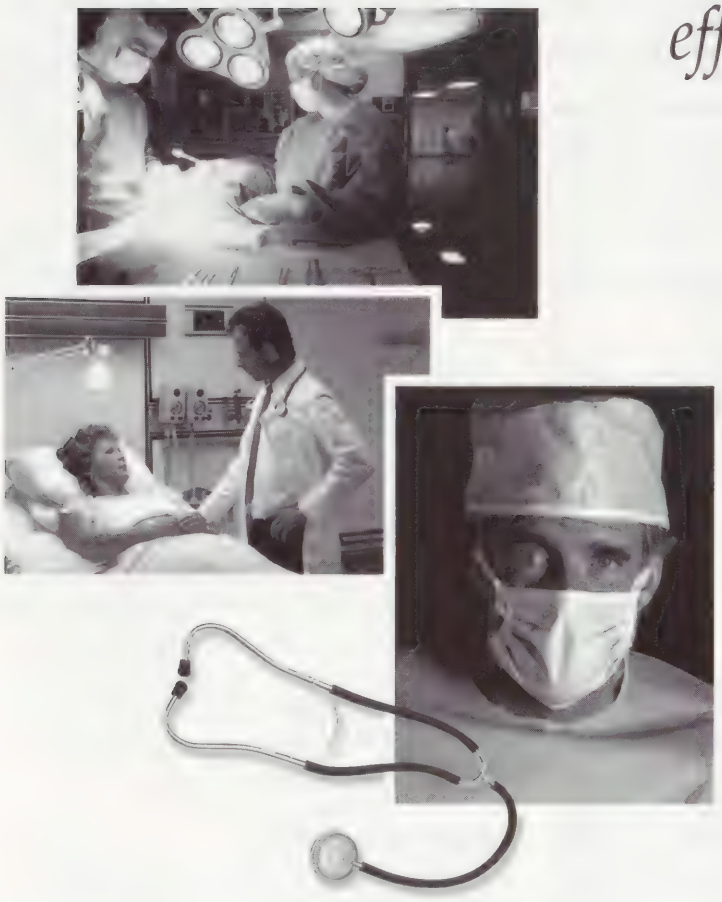
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MSMS Adopts "Model" Harassment Policy

By Charles Cuzydlo, JD

The MSMS Committee on Concerns of Women Physicians and a special Task Force has worked hard this past year to update MSMS' policies on harassment. The new policies encompass equal opportunity employment, harassment, discrimination, and investigation and resolution of any complaints. These updated policies can be used as examples of the types of policies all employers should have.

MSMS previously only had a policy to deal with sexual harassment—which the law defines to include conduct or statements of a sexual nature which are unwelcome and have the effect of creating an offensive or hostile work environment. By updating its' harassment and discrimination policy no form of harassment or discrimination will be tolerated, including: race, color, religion, national origin, sex, sexual orientation, age, handicap, pregnancy, height, weight, marital status, or military status. The new policy will promote a more congenial work environment that is free from harassing or disruptive activity.

Specifically, the policy will promote a more effective work experience not only by broadening the definition of harassment, but also by defining more clearly the roles of the Chief of Human Resources, Executive Director, Chair to the MSMS Board, and the MSMS President. These persons are responsible for not only investigating an original compliant alleging harassment or discrimination, but also determining the appropriate level of discipline, while always insuring employee confidentiality.

Equal Employment Opportunity

Michigan State Medical Society is committed fully to the principles of equal employment opportunity. This means that the company is committed to administering its employment policies so that all qualified persons are accorded equal opportunity based upon their qualifications and not upon extraneous factors such as race, color, religion, sex, sexual orientation, national origin, age, handicap, height, weight, marital status, or military status.

Equal opportunity encompasses, but is not limited to, terms and conditions of employment such as hiring, job classification, pay, recognition and promotion.

MSMS will provide reasonable accommodations for qualified handicapped employees and job applicants. If an employee or job applicant believes he/she has a handicap and that reasonable accommodations could be made, this should be discussed with the Chief of Human Resources. The types of reasonable accommodations that will be considered include, but are not limited to, modifying equipment and restructuring job duties. For further information, and/or to request reasonable accommodations, employees and job applicants should contact the Chief of Human Resources.

Harassment Policy

It is the policy of MSMS to promote a productive work environment for men and women and not to tolerate verbal or physical conduct by any employee that harasses, disrupts, or interferes with another's work performance or that creates an intimidating, offensive, or hostile environment.

Employees are expected to maintain a productive work environment that is free from harassing or disruptive activity. No form of harassment will be tolerated, including harassment based on the following reasons: race, color, religion, national origin, sex, sexual orientation, age, handicap, pregnancy, height, weight, marital status, or military status. Special attention should be paid to the prohibition of sexual harassment.

Each supervisor has a responsibility to keep the workplace free of any form of harassment, including sexual harassment. This responsibility includes employees and non-employees, such as, members, vendors, independent contractors, applicants for employment and visitors to the workplace. No supervisor is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal or willingness to submit to sexual advances will affect the employee's terms or conditions of employment.

Other sexually harassing or sexually offensive conduct in the workplace, whether committed by employees or non-employees, is also prohibited. This conduct includes:

1) Unwanted physical contact or conduct of any kind, including sexual flirtations, touching, advances, propositions or impeding or blocking movement;
2) Verbal abuse of a sexual nature of any kind, including demeaning, insulting, intimidating, or sexually suggestive comments about an individual's dress or body, epithets, questions about an individual's sexual activity, suggestive jokes, persistent requests for dates or to have sex;
3) The display in the workplace of demeaning, insulting, intimidating, or sexually suggestive posters, cartoons, videos, magazines, pictures or objects, use of sexual gestures with hands or through body movements;
4) Demeaning, insulting, intimidating, or sexually suggestive written, recorded, or electronically transmitted messages.

Any employee who believes that another employee's or non-employee's actions or words constitute unwelcome harassment has a responsibility to report the situation as soon as possible. The report or complaint should be directed to the employee's supervisor, department director, the Managing Director, the Executive Director or to the Chief of Human Resources.

Investigation and Resolution of Discrimination or Harassment Complaints

Complaints of discrimination or harassment will be investigated promptly and in an impartial and as confidential a manner as possible. The Chief of Human Resources will investigate the complaint. Interviews will be conducted by the Chief of Human Resources and the department director or appropriate designee. The team investigating the complaint should include at least one member of the same gender as the employee bringing the complaint. The complainant will be asked to provide specific information about the alleged incident(s) of harassment or discriminatory behavior. The person(s) named in the complaint will then be interviewed and will be asked to provide specific information about the alleged incident(s). Witnesses to the alleged incident(s) or discriminatory behavior will also be interviewed. Upon conclusion of the investigation, a recommendation will be made by the Chief of Human Resources to the Executive Director for a decision. Results of the investigation will be discussed with the person bringing the complaint and the person(s) against whom the allegations have been made. A written record will be maintained.

If the Chief of Human Resources or the Executive Director are the subjects of a complaint, they shall be promptly reported to the Chair of the MSMS Board and/or the MSMS President for action.

If a finding of harassment or discrimination is made, immediate action will be taken to end the harassment or discriminatory practices. Disciplinary action shall be determined by the Chief of Human Resources, the employee's supervisor and the Executive Director. Discipline shall include, but not be limited to, a letter of reprimand, probation, suspension with or without pay for a specified period, or termination.

If it is determined that no harassment or discriminatory behavior occurred, the complainant and others involved shall be informed of the results of the investigation and the reasons for the finding of no policy violation.

The Chief of Human Resources shall determine a course of action for non-employees who have been found to have discriminated against or harassed an employee. MSMS members who are the subject of a complaint that they have discriminated against or harassed an employee shall be promptly reported to the Chair of the MSMS Board and/or the MSMS President for action.

Retaliation against any employee for filing a complaint or participating in an investigation is strictly prohibited.

For further information regarding MSMS' Harassment Policy, please contact Sherry Barnhart at MSMS at (517) 336-5786 or sbarnhart@msms.org. ■

The author is chief of legal and regulatory affairs at MSMS.

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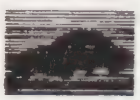
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20, MSMS Board of Directors Meeting. **Location:** MSMS Headquarters, East Lansing, MI, 10:00 a.m.-4:00 p.m. **Contact:** Irene Frost at MSMS at (517) 336-5743 or ifrost@msms.org.

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20, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Non-Surgical Specialists." **Location:** Hampton Inn, Warren, MI, 2:00 p.m.-5:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

21, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Surgical Specialists." **Location:** Harbor Holiday Inn, Muskegon, MI, 6:00 p.m.-9:00 p.m.. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

28, MSMS Center for Physician Education and Leadership presents "1999 Medicare Update." **Location:** WMU Regional Center, Grand Rapids, MI, 9:00 a.m.-12:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

February

2, MSMS Center for Physician Education and Leadership presents "1999 Medicare Update." **Location:** MSU Erikson Hall, East Lansing, MI, REMEC teleconference sites, 1:00 p.m.-4:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

9, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Surgical Specialists." **Location:** U of M Kiva, Ann Arbor, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

10, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Primary Care." **Location:** U of M Kiva, Ann Arbor, MI, 8:00 a.m.-11:00a.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

10, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Non-Surgical Specialists." **Location:** U of M Kiva, Ann Arbor, MI, 2:00 p.m.-5:00 p.m.. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

11, MSMS Center for Physician Education and Leadership presents "Practice Mergers." **Location:** Days Inn, Grand Rapids, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

17, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Non-Surgical Specialists and Primary Care." **Location:** Fetzer Center, Kalamazoo, MI, 8:00 a.m.-11:00 a.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

17, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Surgical Specialists." **Location:**

Fetzer Center, Kalamazoo, MI, 2:00 p.m.-5:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

18, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Non-Surgical Specialists and Primary Care." **Location:** Gateway Holiday Inn, Flint, MI, 8:00 a.m.-11:00 a.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

17, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Surgical Specialists." **Location:** Gateway Holiday Inn, Flint, MI, 2:00 p.m.-5:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

24, MSMS Center for Physician Education and Leadership presents "Practice Mergers." **Location:** Dearborn, Dearborn Inn, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

March

10, MSMS Board of Directors Meeting. **Location:** MSMS Headquarters, East Lansing, MI, 10:00 a.m.-4:00 p.m. **Contact:** Irene Frost at MSMS at (517) 336-5743 or ifrost@msms.org.

11, MSMS Center for Physician Education and Leadership presents "Corporate Compliance: Fraud and Abuse." **Location:** U of M Kiva, Ann Arbor, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

16, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Surgical Specialists." **Location:** Dearborn Inn, Dearborn, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

17, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Primary Care." **Location:** Dearborn Inn, Dearborn, MI, 8:00 a.m.-11:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

17, MSMS Center for Physician Education and Leadership presents "E & M Tools, Tricks, and Helpful Hints for Non-Surgical Specialists." **Location:** Dearborn Inn, Dearborn, MI, 2:00 p.m.-5:00 p.m.. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

23, MSMS Center for Physician Education and Leadership presents "Corporate Compliance: Fraud and Abuse." **Location:** Fetzer Center, Kalamazoo, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

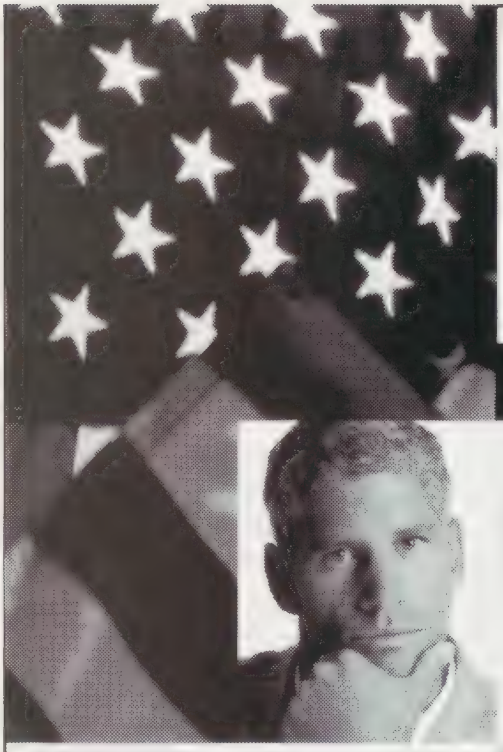
24, MSMS Center for Physician Education and Leadership presents "Medicare + Choice." **Location:** Dearborn, Dearborn Inn, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org

25, MSMS Center for Physician Education and Leadership presents "Medicare + Choice." **Location:** Days Inn, Grand Rapids, MI, 6:00 p.m.-9:00 p.m. **Contact:** Jennifer Mogyoros at MSMS at (517) 336-7581 or jmogyoros@msms.org ■

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JVMC-039 2/98

Howard Markel, MD

Volunteer Teacher of Culturally Sensitive Health Care

By Holly Spence Sasso

Located in a 100-year-old convent in southwest Detroit, Freedom House is literally under the shadow of the Ambassador Bridge at the international border between the United States and Canada. At present, more than 60 refugees (including 25 children) from Rwanda, Congo, Zaire, Nicaragua, Ecuador, Poland, Lebanon, and several other countries are residing at Freedom House. Many of these immigrants are fleeing violence and persecution and are in dire need of assistance.

Howard Markel, MD, is a practicing pediatrician, medical educator, and historian of medicine at the University of Michigan Medical School, where he is an associate professor of Pediatrics and Communicable Diseases and Director of the Historical Center for Health Sciences. A Detroit native, Doctor Markel attended the University of Michigan and John Hopkins University School of Medicine. He joined the University of Michigan faculty in 1993.

Volunteer Services

Doctor Markel has visited Freedom House as a volunteer for the past few years. "One of the most rewarding aspects of directing the Historical Center for the Health Sciences at the University of Michigan has been serving the Detroit and larger Michigan community by working at Freedom House, talking to residents, and offering simple and culturally sensitive advice about hygiene and health," Doctor Markel said.

"Immigration has played a pivotal role in shaping American society," says Doctor Markel. "Since the close of the last century, this country's economy, popular culture, politics, and everyday life have been influenced by the ideas and actions of immigrants."

"Over the past several decades," continued Doctor Markel, "this country has witnessed the rapid growth of new immigrant and ethnic communities. While foreign-born individuals and families who came as part of the first great wave of immigration were expected to Americanize themselves thoroughly and acclimate to mainstream society, today's immigrants move from country to country in a much more transnational climate. For immigrants with some capital and established social networks, this often means that they literally can live in two places simultaneously, separated only by an airplane flight, email, or telephone. For those who arrive as refugees displaced from their homelands, however, future participation in the multicultural global village is far from guaranteed."

Frequently fleeing from violence and persecution, these individuals and families often are in dire need of assistance. For the past two decades, Detroit's Freedom House has provided this kind of support for refugees and immigrants.

Educating to Make a Difference

To provide health education services to immigrant patients at Freedom House and to educate medical students, residents, and health care providers about the unique needs of Freedom House residents, Doctor Markel proposed the *Freedom Home Health Care Project* within the Michigan Public Health Institute (MPHI). "It is imperative that American physicians and health care professionals learn to work with and care for patients from markedly different cultures and belief systems," Doctor Markel stressed.

According to the project proposal, the major purpose of this initiative is to extend and develop Doctor Markel's volunteer medical care efforts into a formal medical service, education, and research program at Freedom House. Doc-



The children of Freedom House. There presently are 25 child refugees residing at Freedom House.

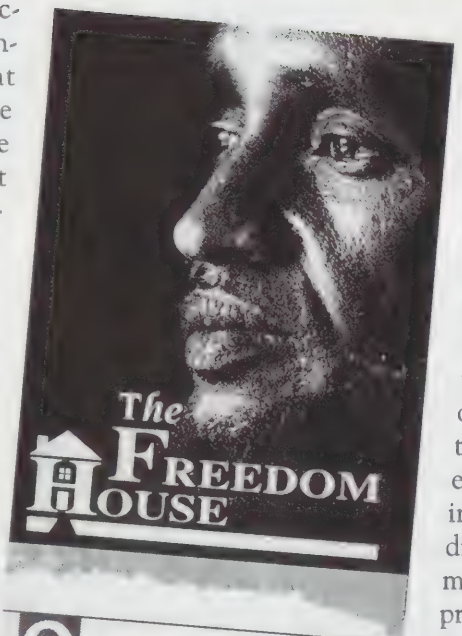
tor Markel will continue to visit Freedom House weekly with a staff research assistant, a medical student, and a resident physician. The team attends pediatric clinics where new intake physicals, immunizations, and chronic and acute medical care is offered.

"This program is novel in that it not only seeks to teach medical students and resident physicians about the complexities of the doctor-patient relationship when seen through the prism of cultural diversity and the American immigration experience; it also seeks to teach health education issues to both the resident staff and the residents of Freedom House on issues such as nutrition, immunization, anticipatory guidance, exercise, post-traumatic stress syndrome, and personal hygiene by using a variety of educational materials and health talks," Doctor Markel explained. "In such a collaborative partnership, we will learn culturally sensitive health care together."

"Doctor Markel has a brilliant and engaging insight about medical history and its impact on contemporary America," said MPHI Executive Director Jeffrey Taylor, PhD. "These are the insights that people affiliated with public health need to know. There is no reason to repeat some of the sad chapters of our public health history. Doctor Markel's project has particular applicability to issues of new and emerging infectious diseases."

Telling Their Stories

Doctor Taylor described Doctor Markel as a pediatrician interested in the stories that people have to tell. "Because the stories of refugees and brave immigrants we have met at Freedom House are so powerful, last year my staff and I began, informally, to collect personal narratives of health behaviors and beliefs," Doctor Markel said. "Listening to these stories has helped to put a human face on the demographic and factual information about shifting patterns of world migrations that I study. I have become convinced that the voices of Freedom House needs to be documented and become part of an emerging body of scholarly literature on 'new' immigrants, the particular plight of refugees, and transnationalism, especially as they impact public health."



Our Mission

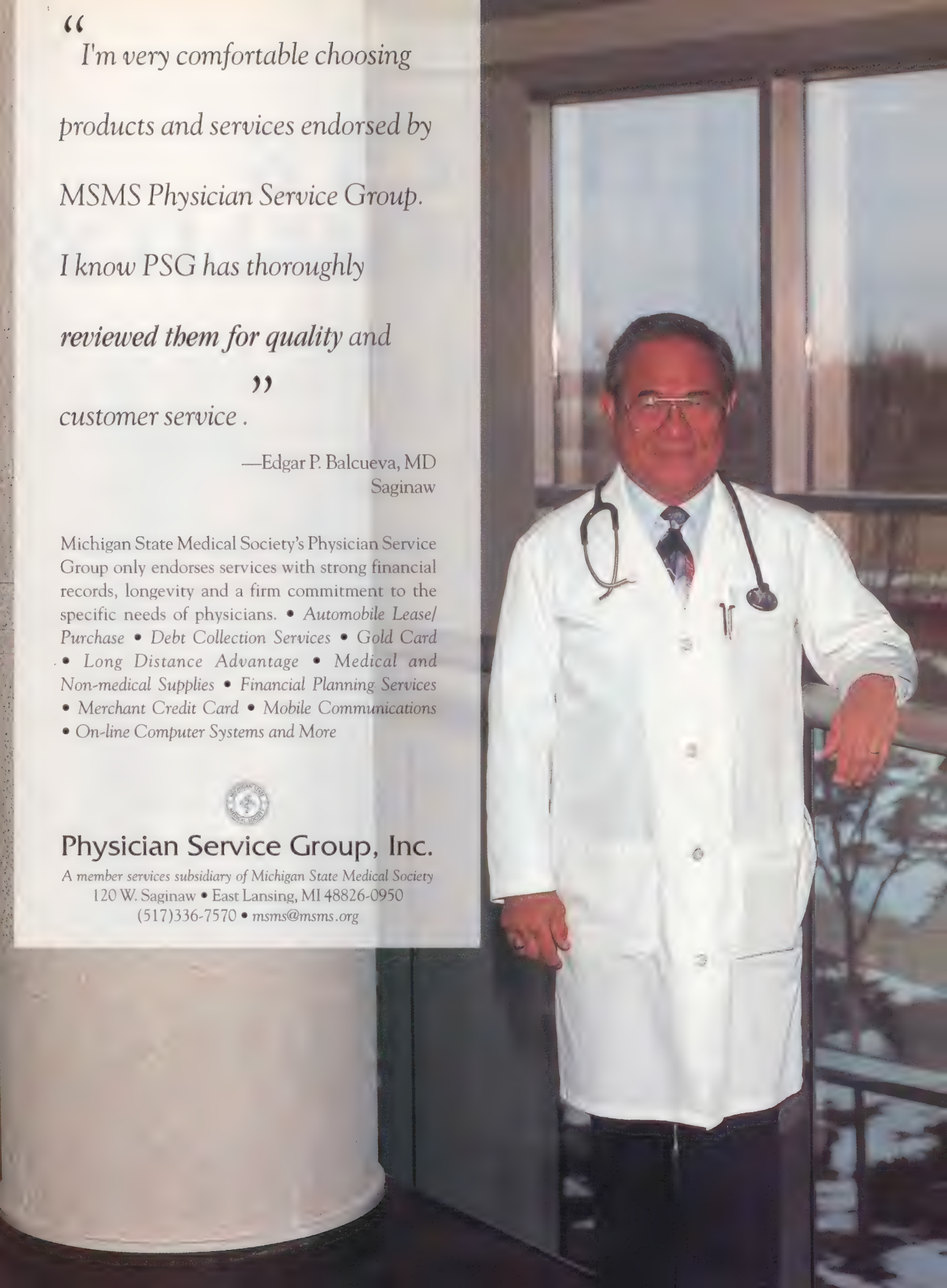
Freedom House offers temporary shelter and assistance for people escaping persecution and seeking protection because they fear for their lives. Freedom House is an interdenominational, nonprofit charity that provides food, clothing, shelter, and social and legal services to people of all races and creeds as they await protection in either the United States or Canada. Our mission is to extend love and human dignity to those for whom these elements have been devastated by torture and the denial of human rights.

For research purposes, personal narratives of Freedom House residents are transcribed with particular attention to issues of physical and mental health. "The oral histories shed light on the impact of war and international relations and on the resiliency of the human spirit and the physical body. They also represent unique subjective accounts of the difficulties of relocation and the psychosomatic effects of persecution. These interviews also record the different ways in which immigrants and refugees interpret and understand American society. Awareness of their perspective is essential to state and local policy-makers concerned with issues of adaptation, assistance, and ensuring the public health." ■

The author is an Okemos-based freelance writer.

Freedom House project objectives are to:

- Teach medical students and resident physicians at the University of Michigan Medical School about working and caring for immigrant patients of markedly different cultures.
- Educate immigrant patients at Freedom House about healthy lifestyles and behaviors.
- Improve the health and access to health care of immigrant patients at Freedom House.
- Record, document, and transcribe the medical and social histories of the immigrant patient population.



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ETHICS & SPIRITUALITY:



INSIGHTS INTO BIOETHICAL ISSUES

The practice of medicine is as much an art as it is a science. The answers to clinical questions often come readily to physicians, but today physicians may find themselves searching for answers to headier questions: "What is the proper balance of compassion and quality and cost-effectiveness in patent care?" Or "what do my patients need from me beyond clinical expertise to help them to heal?"

This month's Michigan Medicine *explores these questions, which were generated from the Mackinac Island conference on Bioethics, held October 2-4.*

Ethics in Managed Care

A Matter of Focus, A Matter of Integrity

By Howard Brody, MD, PhD

As the MSMS Committee on Bioethics spent several hours reviewing the presentations from the annual Mackinac Bioethics Conference, and discussing managed care from the various perspectives represented by the Committee members, two major points seemed to emerge. First, we must try our best to cut through the rhetoric and emotion raised by the issue to focus on the true ethical questions. Second, we must avoid the temptation both to blame others and to see ourselves as victims, and grasp the essential question of professional integrity.

The rhetoric and emotion are all too familiar. Jack Stanley, our keynote speaker, reminded us how movie audiences across the country broke into spontaneous applause earlier this year, when a character in "As Good As It Gets" broke out in an expletives-not-deleted condemnation of HMOs.

But Stanley also gave us an international perspective to remind us that every country in the world today faces the problem of rising health care costs and expanding medical technology. No matter what health care system might evolve in the future, it will probably feature more oversight and accountability of physicians, less freedom to practice the way physicians want, and increased pressures to cut costs.

Is managed care today the chief villain; or is it merely the messenger bringing the bad news that the good old days of largely unrestricted practices are over? To develop any ethical insights, we need to focus on the true issues, and not simply call for killing the messenger.

One key finding from the discussion within the Committee was the marked variability today among different managed care plans. Research bears this out. A paper published earlier this year compared two types of HMO plans (staff model and IPA) with an indemnity insurance plan, on how well patients were provided with preventive services such as pap smears and mammograms. The staff model did significantly better than the IPA model (and both did significantly better than the indemnity plan).

In other parts of the country, previous research had shown other HMO plans performing very poorly on preventive services. So the adage, "When you've seen one managed care plan, you've seen one managed care plan" is probably a good reminder before we draw any sweeping ethical conclusions about "managed care" across the board.

Where Do Incentives Play Their Part?

For some years, Committee member Susan Dorr Goold, MD, of the University of Michigan has spoken about one key element in the ethics of a managed care plan—intrusiveness of incentives. Virtually all plans pay some sort of financial incentive to physicians to get them to worry about costs and generally follow the plan's guidelines. But these incentives vary greatly from plan to plan.

Take for example the percentage of the physician's income placed at risk in an end-of-year bonus/payback system. Some plans place as little as 10 percent of the physician's reimbursement at risk, while others place virtually 100 percent of the income at risk. Is this a purely economic or policy question, or is it an ethical question? One way to look at this is—when the physician is faced with a sick and needy patient who could benefit considerably by a somewhat costly intervention (such as hospitalization), what does the physician think of first—the patient's need and benefit; or the financial incentives?

Ideally, the incentives would be just intrusive enough to make the physician think twice about an expensive but very low-benefit treatment; but not so intrusive as to distract the physician from his or her obvious duties of advocating for the sick patient in need. Therefore, how intrusive are the financial incentives of any managed care plan is an important ethical barometer.

These observations led one Committee member to suggest that instead of beating up



David J. Doukas, MD, presents a discussion during the Mackinac Bioethics Conference.

on managed care, maybe MSMS would be better served by studying all aspects of managed care carefully and outlining for ourselves what the "ideal" managed care plan would look like.

A Matter of Integrity

While plans vary tremendously in their ethical features, they all have certain common elements, and the critical one that creates ethical tension is the conflict of interest between doing everything the plan wants the physician to do, and doing what is most beneficial to each patient. In the best plans, the physician is a steward of scarce resources on behalf of all the other patients enrolled in the plan; if money is wasted on this one patient, then the other patients will eventually suffer because fewer resources are available for their needs. In the worst plans, the physician is under pressure to cut costs not so that other needy patients will get more services, but so the CEO can put a multi-million dollar bonus into his pocket, or so the stockholders can receive fatter dividends. In either case, something is potentially distracting the physician from doing all that—and only that—will potentially be of benefit to the patient who is here in need right now.

This poses a serious problem of divided loyalty even in the best plans. It becomes a matter of the physician's own integrity most clearly when one considers the financial incentives and the financial risks to the physician personally.

Sadly, some of the rhetoric and emotion that has been aroused by the managed care horror stories all of us have heard, has served to distract us from the question of individual integ-



(left to right) James K. Haverman, Jr., director of the Michigan Department of Community Health, and Howard A. Brody, MD, PhD, chair of the MSMS Committee on Bioethics meet during the Mackinac Bioethics Conference.

rity. (After all, if managed care is the bogeyman we often make it out to be, then we are obviously its helpless victims and cannot be judged or blamed personally for how we act.)

Case in Point

A recent letter to the editor in the *New England Journal of Medicine* highlighted this convenient avoidance mentality. The author, Jerry Sobieraj, MD of Massachusetts, noted how physicians commonly complain that under managed care contracts, they are forced to see patients for shorter visits; and this assembly-line practice is surely not good for the quality of care. (Again, recent research strongly supports this point.) But, Doctor Sobieraj went on to ask, exactly how do managed care plans force the physician to see patients for 5 or 10 minutes instead of for 15 or 20? Do the plans actually go into one's office and set up the appointment schedule? Some do; and in those cases, the blame should be assigned where it belongs. But Doctor Sobieraj went on to suggest that in the vast majority of cases, it is actually the physician who retains control over the appointment system. The physician is not really "forced" to see more patients per hour—except to the extent that the physician feels "forced" to retain personal income at a certain level.

Doctor Sobieraj suggests that it is one thing to say, "The managed care plan is making me spend too little time with each patient," and quite another thing to say, "I am choosing to spend too little time with each patient so as to maintain a certain level of income for myself." But, if we are to explore the key ethical question of physician integrity, it matters a good deal that we call things by their right name.

By Invitation Only

At one extreme level, we could say that the entire problem of managed care today is a matter of physician integrity. After all, if no physician in the United States had been willing to sign a managed care contract, can we imagine that managed care would ever have gained a tiny toehold in the health care marketplace, let alone come to dominate it? By this extreme line of reasoning, physicians are totally to blame for any ethical problems that have resulted, because we acquiesced in order to assure ourselves of a continued livelihood. Most of us would find this assessment far too extreme. But, by the same token, the opposite extreme—that we are not ethically accountable for any of our personal choices made under financial pressure—seems ethically unsupportable as well.

So perhaps the important question boils down to this: Faced with juggling three legitimate and worthy goals—serving as advocate for each individual patient; conserving scarce medical resources for the good of all other patients or society at large; and attaining a reasonable level of personal financial security—how does the physician of integrity maintain a balance among these competing claims on his or her loyalty?

Patients Deserve Top Priority

Notice that in the rhetoric of medicine, this question almost never gets asked openly in this form. For instance, a recent editorial in the *New England Journal of Medicine* asked whether physicians should revise their view of themselves to become advocates for the entire population, or should continue to serve as advocates for the individual patient; and the editor replied that it was essential that physicians remain dedicated to the individual above all else. Conveniently left out from this discussion was any mention of the third leg of the stool- the physician's financial self-interest. Indeed, if one reads the high-sounding ethical principles put forth by some of our organizations, it appears that all physicians have taken a vow of poverty and would cheerfully give up our last dollar, if this would make life just a little better for one of our patients.

The Committee considered this neglect of a basic fact of the real world and grappled with the argument that such high-sounding rhetoric, while perhaps good for public relations, cannot ultimately be good for medical ethics. Is medical ethics going to be about how real physicians make real decisions day to day? Or is it to be a Sunday sermon that we self-righteously applaud and then proceed to ignore the other six days of the week? If the former, then medical ethics will have to take physician self-interest into account as a real issue to be dealt with above the table.

Putting a Price on Ethics

An interesting example of doing so was mentioned at the Mackinac Conference. According to a recent lecture, the American College of Physicians (ACP) has completed a survey of its members, and asked the question—suppose that you could wave a magic wand and make your managed care plan perfect from your point of view, with higher ethical standards, enough time to see patients, less hassle and less paperwork, and so on. The only price you had to pay was to give up some of your personal income. How much would you be willing to give up? According to the speaker, the results were: up to 10 percent, but no more.

One could see this result as good news or bad news. It sounds like good news because a group of physicians has announced that ethics matters to them and that they are willing to give up some of their personal income to implement what they believe in. But one could argue that it sounds like bad news if physicians put this price tag on their own ethical integrity. After all, physicians' incomes, overall, would have to fall a lot more than 10 percent before



Leonard M. Fleck, PhD, presents a discussion during the Mackinac Bioethics Conference.

they even began to approach the salary on which the average U.S. worker has to get by.

Maybe one member of our Committee had the answer—she noted that in the "olden days," 10 percent of your income was what the church demanded that you give up. So perhaps, after all, there was a certain level of wisdom in the vote taken by the ACP.

I do not write about this issue of integrity, and about the balancing among individual patient advocacy, population responsibility, and financial self-interest, as if this article could in any way resolve the question. Rather, it is the goal of the Committee to note that we have not, as a medical organization, really begun to discuss this issue openly among ourselves. There are obvious reasons for this—what group of Americans, after all, is comfortable talking openly about their own levels of income? Yet the opinion polls over the last couple of decades suggest that the medical profession has paid a very high price for avoiding these topics. The charge of "greed" is leveled much more at the insurance industry than at physicians; yet increasingly, the public sees physicians generally as motivated less and less by service to the patient and more and more by wealth. So the question of professional integrity in the balancing of competing interests was identified by the Committee as an important topic for further exploration within MSMS—perhaps a worthy focus for next year's Mackinac Conference.

The author is chair of the MSMS Committee on Bioethics.

The Spiritual Basis of Medical Practice



By James E. Waun, MD

Spirituality is the non-physician part of our being, often called the "soul," which motivates us to understand everyday experiences and pursue relationships and projects that have personal meaning for us. It bonds experiences with ultimate and transcendental sources of meaning and provides us with the capacity to see and go beyond momentary experiences to find meaning and purpose in life. As a vehicle for faith, it provides the basis for prayer, meditation, and worship and provides us with reason to love and forgive.

It also holds together, or "glues," our values into an integrated, systematic whole that we can believe in, devote ourselves to, find reason to continue living, and provide motivation to pursue relationships and personal pursuits that have meaning in the context of a transcendent, ultimate source of meaning and being. A description of a person's spirituality is a description of themselves.

The Spiritual Aspects of Medicine

Allen Verhey: "Being spiritual is natural and unavoidable: the spiritual is always, already present and is always mediated in the physician patient relationship." Physicians can help their own spiritual selves and serve as powerful spiritual forces in the health and lives of their patients by "being there" for their patients: Being attentive, demonstrating caring and professional and human concern.

Individuals' health is related to their integration as physical, psychological, and spiritual beings. The three systems can be to some extent studied separately. But, they inseparably influence one another. Medicine does not seem to fully appreciate this and subsequently has a basic mind/body problem. The profession tends to see itself as primarily concerned with the physical aspects of illness/diseases. The spiritual and psychological part of personhood, the "who and what I am and want to be," are threatened when people become ill. Patients see relief of their physical, psychological, and spiritual suffering, not only physical distress, as a primary goal of medicine. But, unfortunately, medicine tends to see itself as primarily concerned with treating the physical aspects of illness/diseases.

The physician-patient relationship is an example of spirituality's horizontal dimension. It is crucial to a nurturing, healing, therapeutic process. The word "rapport" is commonly used to describe it. A strong physician-patient relationship augments healing; a weak one inhibits it. The well-known placebo effect is a spiritual effect. What is called "resistance" in psychiatry/psychology and "non-compliance" in the rest of medicine is usually evidence of a faulty, weak, or dysfunctional spiritual connection between physician and patient. Of course, patients' spiritual disease may inhibit their ability to spiritually connect and stay connected with their physicians. But, physicians ought to be *very* careful about blaming their patients for being "resistant" of "non-compliant." If "blaming" a patient is ever justified, it is only as a last resort.

Physicians who understand and are able to therapeutically use the spiritual aspects of their relationships with patients' to patients' approach their work with empathic curiosity and self-critical humility. They are ready and able to be drawn to their patients as fellow human beings, joined in a quest for improving their mutual health and well being. They humbly appreciate the diversity of spirituality and strive to be physicians in the fullest sense: simultaneously treating patients' physical ills and min-

istering to their wounded spirits. They recognize the importance of their role in the therapeutic process and look inwardly for ways to improve it.

They appreciate their personal and professional responsibility to tend to their own physical, psychological, and spiritual needs in order to treat and minister to their patients' needs more effectively. By understanding and utilizing the spiritual aspects of illness and disease they help their patients heal and strengthen the bonds between them. A strong physician-patient relationship has tangible rewards. It reduces the potential for miscommunication, misunderstanding, and malpractice suits. It also increases their efficiency and effectiveness and tends to reduce health care costs.

Listen to Your Patients

Physicians are ineffective to the extent that they are inattentive and/or do not listen to what their patients say or how they say things, when they do not see their patients as peers and fellow human beings, or when they are unable to demonstrate personal and/or professional concern. Physician ineffectiveness tends to perpetuate itself and increase unless remedial action is taken. It also has tangible risks that make the practice of medicine more stressful and less rewarding via increasing the risk of malpractice suits and of patient "non-compliance."

There are two general and compatible types of physician ineffectiveness: being "full of the self," and "having hardening of the heart." Physicians who are full of themselves are preoccupied with thoughts of their own. Personal concerns like schedule, time, money, other patients' needs, their own personal/spiritual problems, or they view the physician-patient relationship paternalistically so that their actions convey a message something like: "I'm the doctor; you're the patient; if you want to get better, then do as I say."

At a recent Spirituality in Medicine conference a speaker vividly described how his heart became hardened. It began when, as an intern, he had personally and spiritually connected with a particular patient who suddenly and unexpectedly died. He was devastated and used the experience to learn what he could to become a better doctor. But, he was not able to cope with his psychological and spiritual loss. He vowed to "never get that close to a patient again," and began a process of psychological and spiritual withdrawal from his patients. He developed a fear of becoming personally connected with his patients as people and of his inability to face his own grief from losing his patient. During his internship year he began abusing alcohol and struggled for 30 years with alcohol abuse. With a hardened heart he became a better doctor and a worse physician. He became more and more impaired, first from his own spiritual disease, and finally also from the effects of alcohol.

He described how his recovery from alcohol abuse and spiritual atrophy saved him from both physical and spiritual death. He learned, and practices, self-care and gives himself permission to seek assistance from others.

Facing Death

Medicine's mind-body problem is most obvious and severe when it comes to facing death. All too often, physicians act as though death is only a physical, biological event to be prevented or delayed as long as possible. But, it also is a spiritual event, the loss of a spiritual being. The death of persons has spiritual effects on their physicians.

When death can be reasonably anticipated, there is psychological and spiritual work to be done. Effective physicians minister to their patients, families, and significant others to help them psychologically and spiritually prepare for death. They do not hold out unrealistic hopes for the success of medical treatments. Instead, they help patients and families prepare for death

by attempting to facilitate reconciliation and completing or ending unfinished business and projects.

When preparations are done well there is a minimum, if any, unfinished business left for patients' families, and significant others. Maximum spiritual and psychological reconciliation will have taken place. Survivors will be able to undergo healthy suffering and grieving. There will be no place for pathological grieving. Ineffective physicians do not face their patients' deaths with them, nor do they adequately help patients' significant other prepare for death. There are unsettled issues for both them and the patients' other survivors.

The process of dying presents an opportunity for personal, psychological, and spiritual reconciliation and growth for physicians, patients, and their significant others. Effective physicians find opportunities to be more than medical technicians who attempt to forestall or prevent death. ■

The author is vice chair of the MSMS Committee on Bioethics.

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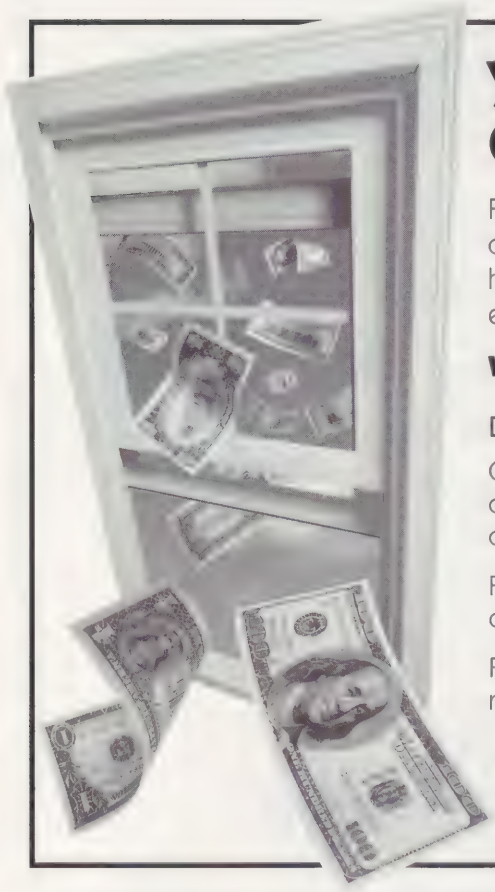
"Physician Integration Options" continued from page 11

organizations of simply defending against managed care will need to be revisited. Objective standards for working with groups will need to be outlined. These standards might include such things as organizational structure, capitalization, and composition. Certainly all not for-profit hospitals will want to protect themselves from inurement and discriminatory-pricing claims. Only with reasonable objective standards can this be assured.

Initial physician integration strategies of employment or single PHO development have evolved without careful understanding of the factor market for physicians. In studying physician motivations and practice characteristics, these strategies appear doomed. New approaches are called for to develop the successful medical center of the future. ■

Kevin J. Cawley is the chief Operating Officer of Michigan Medical Advantage, the management services organization owned by MSMS, MICOA, and hundreds of Michigan physicians.

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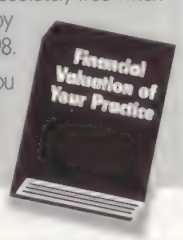
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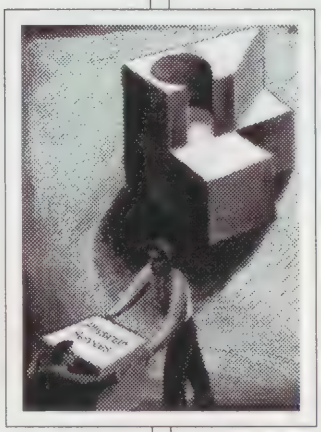
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ISSUES BRIEF

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Medicare + Choice

The Balanced Budget Act of 1997 established a new Medicare + Choice program or Medicare Part C. Eligible individuals may elect to receive Medicare benefits through enrollment in one of an array of private health plans that contract through the Health Care Financing Administration (HCFA). Prior to the 1997 Balanced Budget Act, Medicare beneficiaries could choose between receiving their Medicare benefits on a fee for service basis or enrolling in an HMO with a Medicare contract. Under the new Medicare + Choice program, the beneficiaries' options have been expanded to include Provider Sponsored Organizations (PSOs), Preferred Provider Organizations (PPOs), Private Fee-for-Service Plans, Religious Fraternal Benefit Society Plans, and Medical Savings Accounts (MSAs).

The Medicare + Choice regulations, as explained in the 1997 Balanced Budget Act, do the following: Incorporate the new Medicare + Choice provisions into the Medicare regulations; interpret the new statutory provisions in Part C; establish, by regulation, new standards under the Medicare + Choice program; implement certain changes and provide transitional rules for the current Medicare risk program; take into account the standards contained in the Consumer Bill of Rights and Responsibilities; and note where HCFA intends to develop additional policy guidance or instructions.

Generally, any individual entitled to benefits under Medicare A and enrolled under Part B is eligible for the Medicare + Choice program. Congressional conferees stated:

> "The creation of Medicare + Choice will allow beneficiaries to have access to a wide array of private health choices in addition to traditional fee for service Medicare. In addition, it will enable the Medicare program to utilize innovations that have helped the private market contain costs and expand health care delivery options."

As HCFA notes, the introduction of the Medicare + Choice program represents what is arguably the most significant change in the Medicare program since its inception in 1965. The primary goal of the government, in establishing the Medicare + Choice program, is an obvious one—give Medicare beneficiaries a wide range of health plan options to compliment the original Medicare program.

The most significant developments that an organization must implement in order to offer an Medicare + Choice program are beneficiary protections. These include: Post-stabilization care; vaccines and screening mammography; direct access to women's health services; baseline health assessment for serious illness; emergency medical conditions; appeals process; and Medicare coverage guidelines.

Post-stabilization care consists of medically necessary, non-emergency services needed to ensure that the enrollee remains stabilized from the time the treating hospital requests authorization from the Medicare + Choice organization until the enrollee is discharged, a plan physician arrives and assumes responsibility for the enrollee's care, or the treating physician and the organization agree to another arrangement. Further, an Medicare + Choice organization is responsible for the cost of post-stabilization care provided outside the plan if it was pre-approved or if the organization did not respond within one hour to the request by the provider of the post-stabilization care services for pre-approval, or the Medicare + Choice organization could not be contacted for pre-approval.

Other significant beneficiary protections include: An enrollees ability to self refer and di-

rectly access screening mammographies and flu vaccines, and direct access, for female enrollees, to gynecologists, certified nurse midwives, and other qualified providers for the provision of routine and preventative women's health services.

New beneficiary protections for extremely ill and new patients are expansive. For those enrollees suffering from complex or serious medical conditions, the Medicare + Choice organizations must, within 90 days, establish a treatment plan for those enrollees. Also, all new enrollees must undergo, within 90 days of enrollment, a base-line health assessment.

The final significant new developments, protecting beneficiaries, are the prohibition of retrospective denial of services for what appear to the "prudent layperson" to be an emergency, even if it turns out not to be an emergency; and the change in the appeals process. Under the new appeals process, an enrollee is to receive the result of an organizational determination within fourteen days decreased from the traditional 60 days. Also, a physician with appropriate expertise must reconsider denials based on medical necessity.

The Medicare + Choice rules also have created new and significant requirements of Medicare + Choice organizations in an attempt to protect physicians and their concerns. These include physician participation, delegation to subcontracted networks, physician communication with enrollees, and prompt payment.

First, the Medicare + Choice organization is now required to make the physician aware of its' participation rules. A rule that could affect provider participation in that plan or network includes any rules that affect the process of direct delivery of services by a health professional to a Medicare beneficiary, including: payment, utilization review, quality improvement programs, credentialing, data reporting, confidentiality, guidelines, or criteria for furnishing services. They must give physicians written notice when participation decisions are adverse, and the opportunity to appeal adverse plan participation decisions. Any material change in the rules must be provided to participating physicians, in writing, in advance of implementation. Further, the rules require the Medicare + Choice organization to consult with physicians regarding the organization's medical management to ensure that a wide number of standards are met.

The rules also, subject to stringent requirements, allow arrangement between organizations and entities to which they delegate significant functions. Further, Medicare + Choice organizations are also prohibited from interfering with the advice of a physician to an enrollee who is his or her patient. Finally, Medicare + Choice organizations, in meeting prompt payment rules, must pay 95 percent of clean claims within 30 days of receipt and interest on any clean claims not paid within 30 days.

The rules regulating the Medicare + Choice program are very detailed and impose many significant new requirements upon providers; therefore, this analysis should not be viewed as legal advice nor an exhaustive discussion of the Medicare + Choice rules.

For Further Information

For further information, please contact Charles R. Cuzydlo, JD, MSMS Chief of Legal and Regulatory Affairs at (517) 336-5714 or ccuzydlo@msms.org. Or check out our Website at http://www.msms.org.

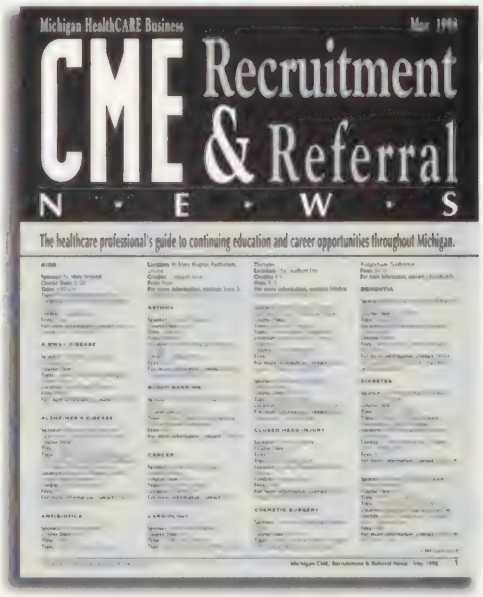
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NEWSMAKERS

Frank R. Lewis, Jr., MD, recently was elected as the president-elect of



the American Association for Surgery of Trauma (AAST)—he will become president in the year 2000. Doctor Lewis, a Bloomfield Hills surgeon, is currently chair of the Department of Surgery at Henry Ford Hospital. The AAST is the academic and scientific organization responsible for presenting work by trauma and critical-care surgeons to the medical community.

Thomas C. Royer, MD, a Detroit general surgeon and senior vice



president of medical affairs at Henry Ford Health System (HFHS), recently was named to the board of trustees of the American Hospital Association. Doctor Royer, who also is chair on the board of governors of the Henry Ford Medical Group, was elected to a four-year term as an at-large trustee.

Matthew Boulton, MD, MPH, recently became the chief epidemiologist for the state of Michigan. Doctor Boulton, formerly the medical director for the Washtenaw and Livingston County Health Departments, also is an adjunct associate professor at the University of Michigan. In his new position, Doctor Boulton will oversee the state's tracking of diseases and health problems.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

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OBITUARIES

Thomas A. Cresswell, MD, died on September 24, 1998. He was 83. Doctor Cresswell graduated from the Medical College of Wisconsin in 1941, and went on to practice plastic surgery in Saginaw. He was a member of the American Society of Aesthetic Plastic Surgeons, the Saginaw County Medical Society, the AMA, and MSMS.

Harold E. DePree, MD, died on August 25, 1998. He was 81. Doctor DePree graduated from the Rush Medical College at the University of Chicago in 1942. He served as a medical officer in the U.S. Army during WWII from 1943-46. Doctor DePree, a Kalamazoo cardiologist, also was a clinical professor at the Michigan State University

School of Medicine. He was a member of the Kalamazoo County Medical Society, a Fellow of the American College of Physicians, the American Heart Association, MSMS and the AMA.

Albert A. Kuhn, MD, died on September 27, 1998. He was 84. Doctor Kuhn, a Bloomfield Hills general practitioner, graduated from the Wayne State College of Medicine in 1939. He served in the U.S. Army Medical Corp during WWII from 1942-46. Doctor Kuhn was a member of the Kiwanis Club, the Wayne County Medical Society, MSMS, and the AMA.

John F. Naz, MD, died on April 4, 1998. He was 79. Doctor Naz graduated from the Wayne State College of Medicine in 1950, and later practiced obstetrics and gynecology in Clarkston. During WWII, he served in the U.S. Air Force, and during the Korean War, her served in the U.S. Army Medical Corp. Doctor Naz was a member of the Oakland County Medical Society, MSMS, and the AMA.

John L. Shek, MD, died on September 17, 1998. He was 75. Doctor Shek graduated from the National Medical College of Shanghai, China. He later served as a captain in the Chinese Nationalist Army Medical Corp. Doctor Shek, a Saginaw thoracic surgeon, was a member of the Saginaw County Medical Society, the AMA, and MSMS.

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Sharif Baig, MD, 26053 Heather Lane, Grosse Ile, MI 48138
Action, Date Taken: 11/4/98 License Suspended—minimum 6 mo. & 1 day; Fine—$5,000.00; Effective 12/02/97, the Order of Summary Suspension dated 10/23/97 was dissolved.
Reason: Criminal Conviction

Name: Scott D. Cobel, MD, 323 S. Lincoln Ave., P.O. Box 619, Lakeview, MI 48850
Action, Date Taken: 10/05/98, Reclassified w/Unlimited License.

Name: Franz W. Jordan, MD, 2244 South Reese Rd., Reese, MI 48757
Action, Date Taken: 11/04/98, Reinstate w/Limited License; Probation—2 yrs.

Name: Peter E. Levanovich, MD, 560 W. Mitchell St., Petoskey, MI 49770
Action, Date Taken: 9/28/98, Reprimand; Fine—$1,000.00; Probation—2yrs.
Reason: Failure to Meet Continuing Education Requirements

Name: Steven P. Snow, MD, 1414 W. Fair Ave., Marquette, MI 49855
Action, Date Taken: 10/1/98, Reprimand; Fine—$1,000.00; Probation—2yrs.
Reason: Failure to Meet Continuing Education Requirements

Name: Ramon R. Joseph, MD, 5593 Stratford, West Bloomfield, MI 48322
Action, Date Taken: 9/18/98, Reprimand; Fine—$1,000.00; Probation—2yrs.
Reason: Failure to Meet Continuing Education Requirements

Name: Bernard W. Bidley, MD, 2449 12-Mile Rd., Warren, MI 48092
Action, Date Taken: 9/18/98, Reprimand; Fine—$1,000.00; Probation—2yrs.
Reason: Failure to Meet Continuing Education Requirements

Name: Richard B. Overbeck, MD, PO Box 0725, Muskegon, MI 49443
Action, Date Taken: 10/2/98, License Summarily Suspended
Reason: Substance Abuse

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

January 1999

31-February 4,Radiology on Captiva Island Florida: A Practical Update. Location: South Seas Plantation, Captiva, FL. **Contact:** Joyce Robertson, registrar, Department of Medical Education Professions, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400 or (800) 800-0666; or fax (734) 936-1641. **Approved for:** TBA.

31-February 4,Practical Updates in Anesthesiology. Location: Fiesta Americana, Puerto Vallarta, Mexico. **Contact:** Joyce Robertson, registrar, Department of Medical Education Professions, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400 or (800) 800-0666; or fax (734) 936-1641. **Approved for:** TBA.

February 1999

4-6, Neurology for the Non-Neurologist. Location: Hyatt Regency, Cancun, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

5-7, Arrhythmias: Interpretation, Diagnosis & Management. Location: MGM Grand, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-14, Neurology in Clinical Practice. Location: Rancho Bernardo Inn, San Diego, CA. Mayo Foundation, Rochester, Minnesota. **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 20 Category 1 credits.

12-14, Clinical Endocrinology for Primary Care Physicians. Location: Beaver Run Resort, Breckenridge, CO. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Managing Respiratory Diseases. Location: Marriott's Casa Marina, Key West, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

22-26, Selected Topics in Internal Medicine. Location: Hapuna Beach Prince Hotel, Mauna Kea Resort, Big Island of Hawaii. **Contact:** Mayo Foundation, Rochester, Minnesota. Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 27 Category 1 credits.

25-27, Dermatology for the Non-Dermatologist. Location: Atlantis Paradise Resort, Bahamas. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Coronary Heart Disease Update. Location: Hilton Tapatio Cliffs, Scottsdale, AZ.. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

March 1999

3-7, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn, Scottsdale, AZ. **Contact:** Joyce Robertson, registrar, Department of Medical Education Professions, P.O. Box 1157, Ann Arbor, MI 48106-1157; (734) 763-1400 or (800) 800-0666; or fax (734) 936-1641. **Approved for:** TBA.

8-12, Tutorials in Diagnostic Radiology. Location: Keystone Resort, Keystone, CO. **Contact:** Mayo Foundation, Rochester, Minnesota. Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 27 Category 1 credits.

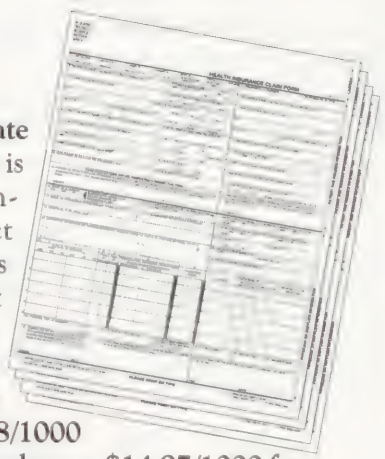
12-14, Dermatology for the Non-Dermatologist. Location: Riviera Hotel & Casino, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Neurology for the Non-Neurologist. Location: Grand Beach Resort, St. Thomas, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Clinical Endocrinology for Primary Care Physicians. Location: Marriott's Beach Resort, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Managing Respiratory Diseases. Location: Buena Vista Palace, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits. ■

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Triggers for Advance Directives

By James E. Waun, MD

Advance directives can save physicians time and they ease and improve the process of making difficult medical decisions for patients. They work best when they are updated as circumstances change for patients and their families. This article will describe some "triggers" that office staffs can use to remind themselves to encourage patients to execute advance directives and to periodically review them. A follow-up article in January will describe triggers for physicians to use.

As part of the initial information that is obtained, office staffs should inquire whether new patients have advance directives. If so, they can request a copy for the physician to review and place in the office chart. If not, they can give patients information on advance directives, forms for executing them, and assistance in properly completing them.

Office charts can have sticker-flags on them that allow anyone readily to review the status of advance directives and trigger their review and update. The flags should allow penciled notes on the presence or absence of an advance directive, date last reviewed, whether or not appropriate hospitals have a copy for their records, whether a copy has been forwarded to consultants when patients are referred for ongoing medical care, and a place to mark when the directive needs to be updated.

Medical office staffs can use triggers to alert them to note on chart-flags when advance directives need to be reviewed and possibly updated. These triggers include changes in individuals' health status: new diagnoses like cancer, heart disease, diabetes or hypertension, and/or disability from illness or injury. Some family structure or living situation changes ought to trigger review of advance directives and the status of planning for surrogate decision making. Those include marriage, divorce, death, family member(s) moving into independent living arrangements, or into assisted-living situations or nursing homes, and units of the family moving a distance away so that they are relatively inaccessible for assistance in making medical decisions.

Office staffs, by their attention to the details of practice, can play an important role in the smooth function of advance directives. By attending first to the need for patients to have them and, once in place, the ongoing need to keep them up to date, they can provide an important service to physicians and their patients. Physicians sometimes become occupied with the "trees" of practice, the details of patients medical needs, and do not remember to pay enough attention to the "forest," preparing for making medical decisions when and if patients become incompetent.

Additionally, in asides, patients and their families sometimes divulge information to office staffs about changes in their families that could be important to surrogate decision making and the function of advance directives.

As persons who are ultimately responsible for what goes on in their offices, physicians ought to see that there are appropriate office triggers for advance directives, according to their particular needs and desires. ■

The author is vice chair of the MSMS Committee on Bioethics.

To order Durable Power of Attorney forms, please contact Vicki Fox at MSMS at (517) 336-5750 or vfox@msms.org.

Advance Directives Updates

Triggers for Medical Offices and Office Staff

The following are helpful ideas to incorporate advance directives into your medical practice.

For Patients and Families

Be sure to make pamphlets available and hang outer-office wall posters describing advance directives, their importance in practice, and the conditions and situations when they need to be updated.

For Office Staff

An example of advance directive chart flags (allowing penciled checks and notes) follows:

Advance directive completed Date _____/_____/_____

Reviewed Date _____/_____/_____

Copy to hospital(s) Date _____/_____/_____

Copy to consultant(s)_____

Needs to Be Reviewed _____ Date _____/_____/_____

Notes _____

Inner-Office Wall Chart of Triggers

The following are a list of important questions pertaining to advance directives that should be posted as a reminder to physicians and office staff:

Is trigger flag on patient's chart?

Does advance directive need to be reviewed?

Family structure change: marriage, divorce, death

Living situation change: members move in/out/nursing home/distance away

New diagnosis, serious injury or disability?

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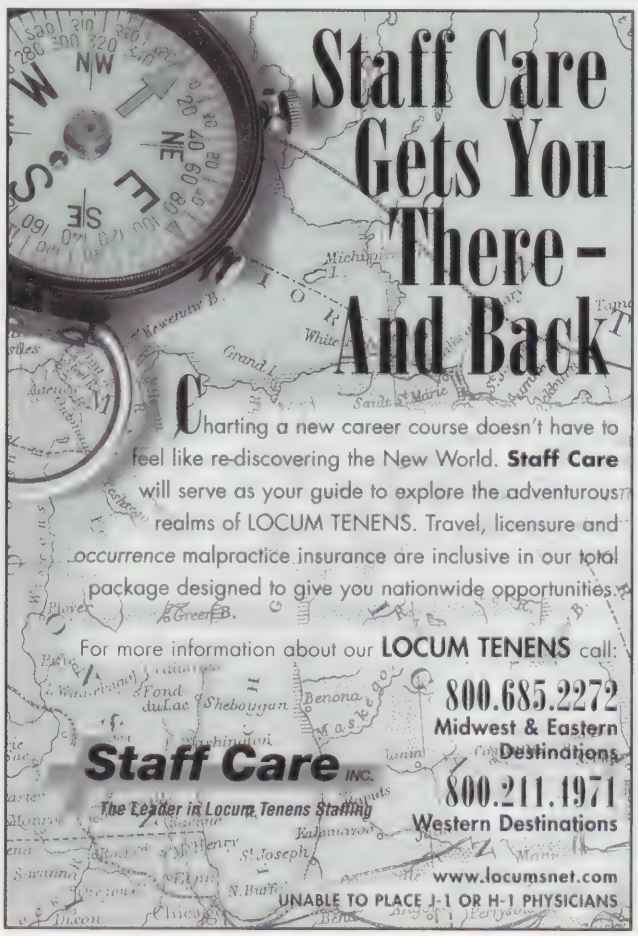
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Member, American Academy of Pain Management

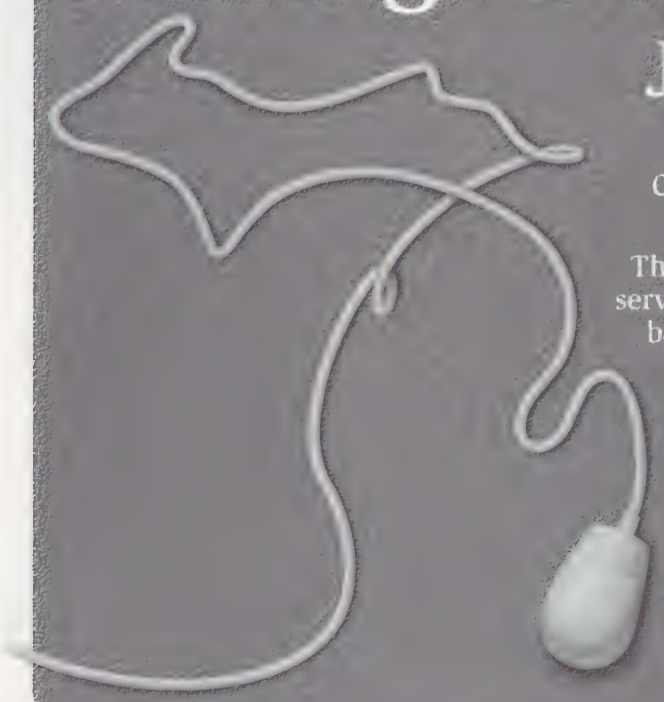
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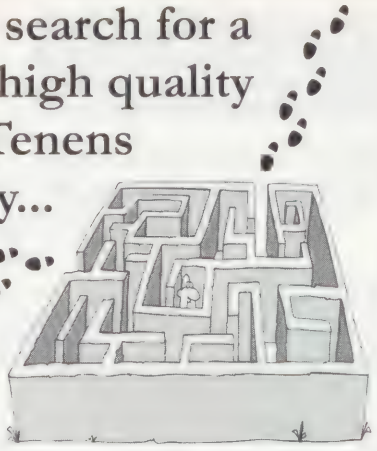
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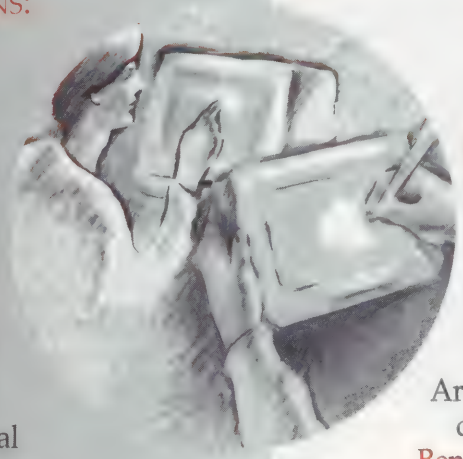
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'Tis the Season of Giving

By Cathy O. Blight, MD

MSMS President

Twinkling lights, decorations, the crunch of snow underfoot. It's that time of year—the holiday season. But, with all the cards and gifts and good will comes the other side of the season—the bills.

Unfortunately, it is also the time when our dues statements from our counties medical societies and MSMS arrive. And, if you're like me, you run in your mind a cost/benefit analysis of what your dues actually "buy."

Value of Membership

The easiest benefits to see are the tangible ones—various insurances, car-leasing, and travel. Include in those educational opportunities, such as the Annual Scientific Meeting, the Annual Bioethics Conference, and the plethora of other programs offered by the Center for Physician Education and Leadership, such as E & M Coding Guidelines, and Office Management Seminars. But, many entities and organizations provide similar benefits, so is this really a duplication of services or competition, you may ask.

It is harder to evaluate the intangible benefits of membership, though. Among these are the collegiality, the opportunity to share ideas and concerns with fellow physicians in a non-threatening environment. At county society meetings, as well as the MSMS Joint Section Meeting and House of Delegates, we can consider and debate a wide variety of issues, often hearing ideas that we might never have considered.

From those discussions often come ideas that we can use in our practices, with our patients, and in our communities. With the advent of business coalitions in Michigan, the county medical societies provide a local presence. MSMS also provides a forum for physicians involved in those coalitions, a place to share experiences and ideas, so that physicians can learn from each other.

The best gift to give to yourself, your patients, and your fellow physicians is to stay informed, involved, and have a strong voice in the medical community—which can be easily achieved by membership in your county medical societies and MSMS.

Besides the collegial aspect, these local and state efforts are examples of the infrastructure that the organizations provide. For me, this is perhaps the greatest of the intangible benefits. As physicians, we see ourselves as patient advocates. Some of us, working with our professional organizations, see ourselves as physician advocates, as well.

Past Successes

This past year, two major statewide initiatives, SB 104 (Nurse Prescriptive Privileging) and Proposal B (Assisted Suicide), really tested the political strength of the physician community. Grassroots educational efforts were coordinated through MSMS. Mailings, sample letters, local activities, lists of legislators to contact, all were developed and distributed by the superb staff MSMS has brought together.

By their activities, we physicians could use our time doing what we do best, advocating. Besides freeing us from many of the mundane activities involved, we also were able to reach a much wider physician constituency than any of us alone could reach. The effectiveness of our physician advocacy, with the supporting infrastructure of MSMS paid off, with major changes in SB 104 and defeat of Proposal B.

Staying Involved, Informed

One only needs to read all the information that comes from MSMS to learn about tangible benefits. By reading *Michigan Medicine* and *Medigram*, we can stay informed and learn how to become involved in the advocacy activities that your fellow physicians are involved in.

By staying involved, you can really appreciate the value of membership. The best gift you could give to yourself, your patients, and your fellow physicians is stay informed, involved, and have a strong voice in the medical community—which can be easily achieved by membership in your county medical societies and MSMS. ■



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